N. B .- Every item of information should be carefully supplied. ACE should be stated EXACTLY PHYSI-LY, WITH UNFADING INK--THIS IS A PERMANE WRITE PL.

PLACE OF DEATH County (No. Bender) Village or City Eastpool (No. Bender) 2FULL NAME Edgar Basic PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MERRIES WIDOWED MERRIES 16	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred a hospital or instition, give its NAME stead of number.) MEDICAL CERTIFICATE OF DEATH
Village or City Cashoot (No. Bende) 2FULL NAME Edgar Basic PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED ARRIED ARRENT DE 16	Registration Dist. No. St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED.	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED ARRIVED	a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED 16	number.)
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED 16	MEDICAL CERTIFICATE OF DEATH
MARRIED / A A A	
Male While OR DIVORCED (Write the word)	Month) (Day) (Year
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased f
(Month) (Day) (Year) th	nat I last saw h Malive on Oky 3 , 192
7 AGE If LESS than ar	nd that death occurred on the date stated above, at
	he CAUSE OF DEATH * was as follows:
yrsds. ormin.?	ungina Oletres
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
Owhich employed or (employer)	(Duration) ys. mos.
9 BIRTHPLACE (State or country)	Contributory Secondary
anapour (mg	(Duration) mos
10 NAME OF FATHER FALLS Some Charles (S	igned) fluspy
11 BIRTHPLACE	(92/ (Address) 8 1 - 3/
C (State or country) and opsies (m2	"State the Disease Causing Death, or, in deaths fron Violent" Causes, state (1) Mcans of Injury and (2) Whethe Accidental, Suicidal or Homicidal.
a great freeze	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
OF MOTHER	t place In the death yrs mos ds, State yrs mos mos
(State or Country) Manual State of MY KNOWLEDGE if	/here was disease contracted, not at place of death?
A X A 'A Fo	ormer or oyal residence
(informant)	PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) // Franklin A.	If annel Couley aug 8, is
15 Filed Cuy 7 1923/ france. In a The 20	B J Hopping imagore

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (veor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation Coul mine, etc. Wom-(6) The ques-Grocery;

Statement of Cause of Death—Name, first, the brackase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (crebrospital feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Paisoned by "PUERPERAL septionemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage, Whooping cough; Chronic valvulor heart disease Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcona, etc., of Committee on Nomenclature of the Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

item of infor-

OCCUPA-

Jo

1. PLACE OF DEATH	CERTIFICATE OF DEATH (9111
County a Cl.	Registration Dist. No.
	No. St., Ward if death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Hestu Vab Ba	ss.
(a) Residence: No. Wardow (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fermule White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carest Linwood Bass	22. I HEREBY CERT1FY. That I attended deceased from ,19, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs.	THE I MINER ALL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER. House	Asphysita from
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Illushen ating Fast
12. BIRTHPLACE (city or town) Va. (Stete or country)	Other Contributory Canses of importance:
13. NAME Thekewore	
13. NAME Thebruver 14. BIRTHPLACE (city or town) Hickmown	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Weskerwown (State or country) 17. INFORMANT Careest Learney (Address) Was some Careest Learney (Address) Was some Careest Learney (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Wileygron Nat Cerapte J. 1931	Manner of injury
19. UNDERTAKER Line Ty Vay low (Address) The Line Ty Vay low 20. FILEDAN 1 1931 Jan 6 C & who	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed Joun Mod Jan, Asley & North D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example	DI	Example II	
The principal cause of death and related causes of importance were at flows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparty	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09112
	51
Village or City amapolis Ind.	Registration Dist. No.
	No. COMENGEMENT [OSTMAL St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
7/	ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME Mary Corn Elia Borde	2/ •
(a) Residence: No. 85 Calvert	St., Ward. 4
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5 mg/8	21. DATE OF DEATH (Month) (Oay) (193/
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
C DATE OF BIRTH (mosts downstand and most downstand	I last saw has alive on IMN 13 1921: death is sain
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.204 - m.
53 SELL wiknown I day, - hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: (Release Parte of grace) - Date of gracet
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	vasou la Merca e
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Date daceased last worked at Grag 1, 1931 11. Total time (years) spent in this occupation (month and year)	
0 1 0-00 401	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Calvert - C Ma ((State or country)	keenie
H	I we
(State or country)	Nama of operation
	What test confirmed diagnosis? Was there an autopsy? A
H	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, sulcide, or homicide?Oate of injury19
17 INFORMANT JUSTILL Bordly	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE,
17. INFORMANT 1226 Wallis SINES	Specify whether injury occurred in thousant, in home, of in rosele reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Payns. CEMI - Oata 8. 19 1931	Nature of injury
10 HADEPTAKED Mrs & HB Parker	24. Was disease or injury In any way related to occupation of deceased? 24
19. UNDERTAKER 1970 (Address) 47 Washington S1.	If so, specify
1	(Signed) Chilpfulgrown M.
20. FILEOLUS 15, 1931 Fragh C - Joyle M. Registrar.	(Address) / Sunglis and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years of over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and rel of importance were as follows:	ated causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 4	1931 1921	Run over by street car	1 week ago
Corebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of imports	ance: May 1,1923	Other contributory causes of importance: Gastroenteritis	
	M 0.9 1,1000	(rastroenter tus	1 year

ADDITION'AL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF REATH County C. County	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Assistance of the common of	1. PLACE OF DEATH	(31)
Langth of residence in city of jown where death occurred 3 yrs most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long in U.S. If of freign birth? yrs. most ds. Now long is a long in U.S. If of freign birth? yrs. most ds. Now long is a long in U.S. If of the U.S. If the property of town and State PERSONAL AND STATISTICAL PARTICULARS J. O. OLOR OR RACE S. SINCE, MARKED, WIDOWED ON WIFE OF DEATH ON WIFE OF DEATH (Month), day, and year; bright in said to the date stated above, st. 3 35 m., m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were at follows: ON WIFE OF DEATH, on The property of	County U. U.	Registration Dist. No. 21
Langth of residence in the control on a hospital of institutions, are as NAM interest and number) 2. FULL NAME (a) Residence: No. 1.9 Part of the control	Village or City amabales	No. 199 Pressee Les. St. 2 Ward
(a) Resideme: No. 1990 (Qualpiece of book) PERSONAL AND STATISTICAL PARTICULARS 3.58X		
(a) Resideffee: No	\$ 61 121 (ds. How long in U.S. It of foreign birth?yrsmosds.
Christophec of abode Broomerand size by of lower and State	2. FULL NAME Clinabelle ful	la Dooge
PERSONAL AND STATISTICAL PARTICULARS 3.5XX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, Oran Integrated 6. DATE OF DEATH 7. ACE 8. SPINNER, 8. ANYER BOOKKEEFER, etc. 9. Industry or business in which 8. ANYER BOOKKEEFER, etc. 9. Industry or business in which 8. ANYER BOOKKEEFER, etc. 9. Industry or business in which 8. ANYER BOOKKEEFER, etc. 9. Industry or business in which 9. Industry or business of importance: 10. Oaste decaded at the date stated above, at. 3.3.m. 11. Industry or business of importance: 12. IRTHPLACE (city or town). Date or business of importance: 13. Industry or business of importance: 14. Industry Causes of importance: 15. Industry or business of importance: 16. Industry Causes of importance: 1		
3.5 EX		
Sa. If married, wildowed, or divorced HUSBAND of Old Converted August 1931. Sa. If married, wildowed, or divorced HUSBAND of Old Converted August 1931. Sa. If married, wildowed, or divorced HUSBAND of Old Converted August 1931. Sa. DATE OF BIRTH (month, day, and year) 1931. Sa. Trade, profession, or particular North August 1931. Date of Date of Death and related causes of Importance North No		
59. If married velowed, or divorced HUSBAND of Olcheans Spant in this said to the state of the s	OR DIVORCED (write the word)	1844 2
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEPEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oste decessed fast worked at this occupation (month and year) 11. Total time (years) span in this year) 12. BIRTHPLACE (city or town). Baltaniae 14. BIRTHPLACE (city or town). Baltaniae 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Baltaniae 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL Place 18. BURIAL CREMATION, OR REMOVAL Place 19. J.		(Months) (Day) (Year)
S. Trade, profession, or particular in the profession of particular in the particula	HUSBAND of 91/10/1	The state of the s
7. AGE Vears Months Days I If LESS than I day. hrs. or, min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Oats deceased last worked at this occupation month and occupation month and year) 11. Total time (years) spent in this occupation month and year) 12. BIRTHPLACE (city or town). Ballamore Ula (State or country) 13. NAME Dong Truster 14. BIRTHPLACE (city or town). Ballo, 'Ulad'. Name of operation. Date of (State or country) 15. MAIDEN NAME Clay abills Joeckel 16. BIRTHPLACE (city or town). Ballo, 'Ulad'. Name of operation. Date of (State or country) 17. INFORMANT. Make Clay abills Joeckel 18. BURIAL CREMATION, OR REMOVAL Place. (Address). Accident, suicide, or homicide? Date of injury. 18. (Specify on town, country and State) 19. UNDERTAKER ACLA MY. Date of May Lay 1937. Neture of injury. Neture of injury. Neture of injury. Neture of injury. Neture of injury (Signed). Allow M. D. Country of the country o	romain S.	June 10 ,1931, 10 Aug 2 ,1951
7. AGE Years Months Days It LESS than 1 day, hrs. of, min. 2. Trade, profession, or particular kind of work done, as SPINNER, SAWER BOOKEEPER, etc. 3. Industry or business in which work was done, as SILN MILL, SAW MILL, BARK, etc. 10. Oate deceased last wried at this occupation (month and year) 21. BIRTHPLACE (city or town). Ballonia Uld (State or country) 21. BIRTHPLACE (city or town). Ballonia Uld (State or country) 22. It same than a way of operation. 3. It same a way of the country of		236
8. Trade, profession or particular kind of work down as SPINNER. SAWYER BOOKKEPER etc. 9. Industry or business in which worked at this occupation (month and year) 10. Oats deceased last worked at this occupation (State or country) 11. BIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 15. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT. 18. BIRTHPLACE (city or town). 19. UNDERTAKER 20. FILEDUMY 21. 13. 1. 3		
SAVYER, BOKKEPER, etc. 9. Industry or business in which was done as SPINNER. SAWYER, BOKKEPER, etc. 9. Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Ballo. "Ill My Car bules" 13. NAME Grountry) 14. BIRTHPLACE (city or town). Ballo. "Ill My Car bules" 15. MAIDEN NAME Elegabetts. Joechel 16. BIRTHPLACE (city or town). Ballo. "Ill What test confirmed diagnosis". Was there an autopsy? Pap. 17. INFORMANT. My Car bules. "Sallo". "Ill Address". Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL GERMATION, OR REMOVAL Place. "Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Neture of injury. 19. UNDERTAKER Of My Car bules. "Ill Address". Oak disease er linjury in any way related to occupation of deceased? "Ill So, Specify. "Ill My Car bules. "Ill So, Specify. "Ill So, Specify. "Ill My Car bules. "Ill So, Specify. "Ill My Car bules. "Ill So, Specify. "Ill So, Specify. "Ill My Car bules. "Ill So, Specify. "Ill My Car bules. "Ill So, Specify. "Ill So, Specify. "Ill My Car bules. "Ill So, Ill My Car bules. "Ill My Car bu	64 3 or, min	were as follows.
9. Industry or business in white says its MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Balturnare (Manuella, State or country) 13. NAME Google Fisher 14. BIRTHPLACE (city or town). Balturnare (Manuella, State or country) 15. MAIDEN NAME Clay ability. Google State or country) 16. BIRTHPLACE (city or town). Balturnare (Manuella, State or country) 17. INFORMANT. Manuella, Salto,	8. Trade, profession, or particular kind of work done, as SPINNER,	1.0
Work was done, as SILK MILL, SAM MILL, BARK, etc. 11. Total time (years) this occupation (month and year) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Balloward 13. NAME Grountry) 14. BIRTHPLACE (city or town) Balloward 15. MAIDEN NAME Clay ability Good and the following: 16. BIRTHPLACE (city or town) Balloward 17. INFORMANT Mark Clay ability Good and the following: 18. BURIAL GREMATION, OR REMOVAL Place 19. UNDERTAKER Of Mark Agents of importance: What test confirmed diagnosis? Was there an autopsys? Party 24. Wes disease er Injury occur? Specify whether Injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) Mark Company M. D. M. D. (Signed) Mark Clay ability M. D. M. D. (Address) Mark M. D. (Signed) Mark M. D. M. D. (Address) Mark M. D. (Signed) Mark M. D.	9. Industry or business in which	fully 28
10. Gate deceased last worked at this occupation (month and year) spent in this occupation (month and year) 12. BIRTHPLACE (city or town). Ballon. 13. NAME 14. BIRTHPLACE (city or town). Ballon. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT. 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER		Marina
12. BIRTHPLACE (city or town). Ballo. Uld. 13. NAME George Fisher 14. BIRTHPLACE (city or town). Ballo. "Uld." (State or country) 15. MAIDEN NAME Elizabello. "Uld." (State or country) 16. BIRTHPLACE (city or town). Ballo. "Uld." (State or country) 17. INFORMANT. Mellon. "Ballo." "Uld." (State or country) 18. BURIAL CREMATION, OR REMOVAL Place Ballo. "Uld." (Address) 18. BURIAL CREMATION, OR REMOVAL (Address) 19. UNDERTAKER John Mellon. "Uld." (Address) 20. FILED Ling. "H. 331. Frog. S. C. F. F. S. C. F. S. S. Pecifyra." (Address) 10. Other Courtibutory Causes of importance: (Myb. C. J. W. J.	10. Oate deceased last worked at 11. Total time (years)	
12. BIRTHPLACE (city or town) Collinations and Collinatio		Other Carbell-term Comment immediates
13. NAME 2corge 4cslew 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	12. BIRTHPLACE (city or town) Balternove Uld	the countributery causes of importance.
What test confirmed diagnosis? Was there an autopsy? 242 15. MAIDEN NAME Elegabeth Joeckel 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Barther of Injury) 19. UNDERTAKER (Address) 20. FILED Leg 4, 1931 21. Was there an autopsy? 242 What test confirmed diagnosis? Was there an autopsy? 242 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury (Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 19. UNDERTAKER (Address) City of the country of t		Myo car deles - General
What test confirmed diagnosis? Was there an autopsy? 242 15. MAIDEN NAME Elegabeth Joeckel 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Barther of Injury) 19. UNDERTAKER (Address) 20. FILED Leg 4, 1931 21. Was there an autopsy? 242 What test confirmed diagnosis? Was there an autopsy? 242 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury (Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 19. UNDERTAKER (Address) City of the country of t	13. NAME Learge Fresher	r Cr. ne shrites 72
What test confirmed diagnosis? Was there an autopsy? 242 15. MAIDEN NAME Elegabeth Joeckel 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Barther of Injury) 19. UNDERTAKER (Address) 20. FILED Leg 4, 1931 21. Was there an autopsy? 242 What test confirmed diagnosis? Was there an autopsy? 242 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury (Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 19. UNDERTAKER (Address) City of the country of t	Z 14. BIRTHPLACE (city or town) Ballo. Eld.	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury Where did Injery occur? (Specify city or town, county and State) Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 19. UNDERTAKER (Address) 24. Wes disease er Injury in any way retated to occupation of deceased? If so, specify (Signed) (Address) M. D. Registrar. (Address) M. D. (Address)	(State of country)	What test confirmed diagnosis?
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Lie 4 , 193 / 4 , 193 / 4 , 193 / Registrar. Where did Injery occur? (Specify whether Injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 24. Wes disease er Injury In any way retated to occupation of deceased? (Signed) (Signed) (Address) M. D. Registrar.	15. MAIDEN NAME Elizabeth Joeckel	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Lie 4 , 193 / 4 , 193 / 4 , 193 / Registrar. Where did Injery occur? (Specify whether Injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 24. Wes disease er Injury In any way retated to occupation of deceased? (Signed) (Signed) (Address) M. D. Registrar.	5 16. BIRTHPLACE (city or town) Ballo, Eug.	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 20. FILED 20. Golden Address 20. FILED 20. Golden Address 20. Golden Address 20. Golden Address 20. FILED 20. Golden Address 20	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Ballo Md Date Qy 4, 193/ 19. UNDERTAKER John Manner of injury 19. UNDERTAKER John Manner of injury 24. Wes disease er Injury In any way retated to occupation of deceased? If so, specify 20. FILED Comp 4, 193/ Jan 4 Comp 1 C		Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
Place Ballo Md Date Cy 4, 195/ 19. UNDERTAKER John M. Day la 24. Wes disease er Injury In any way retated to occupation of deceased? (Address) Charles John M. D. Registrar. (Address) Manual Manua		
19. UNDERTAKER John M. D. Address) 19. UNDERTAKER John M. D. Address) 24. Wes disease er Injury In any way retated to occupation of deceased? If so, specify (Signed) (Address)	13-11 2011 12 11 51	
20. FILED LL 4, 1931 for Sc. for Signed (Signed) Character M. D. Registrar. (Address) Character M. D.	A P D T	
20. FILED Ling 4, 1931 forge c. for con (Signed) Oliver lunes M. D. Registrar. (Address) Church polis md		1
20. FILED Registrar. (Address) Auna polis m)	(Address) / Christofello Ugg	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-artisety	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	09114
County a a	Registration Dist. No. 2 /
Village or City annaforles	No. 160 west St. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred 30 yrsmos.	ds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME CELLERY W. Prov	SN
(a) Residence: No. 160 work	St., Ward.
(Usual place of abode) PERSCNAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M OR DIVORCED (write the word)	(Month) (Day) of 193 (Year)
5a. If married widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(ar) WIFE of annie - J. Brown	Dec. 1930 to august 4 1951
6. DATE OF BIRTH (month, day, and year) Yel 20 -	Hast saw h alive on Quant 14, 193/ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, it
57 5 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Wremia Chance Date of onset
SAWYER, BOOKKEEPER, etc.	Chranic nephritis
9. Industry or business in which work was done, as SILK MILL,	Chranie Hapertenzian fr!
SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and spent in this	Chranic arterio selessis
this occupation (month and spant in this year) occupation	
10 BIDYUNI LOT (it was marked to the country of the	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (Millianulla (State or country) (a a co m)	- macurula sminglenos fal 23
E 13. NAME Samed Ad. Brown.	117.3
13. NAME CONST. AS . Brown.	Name of operation Name Date of
(State or country) a a e on	What test confirmed diagnosis? . Cleaned Was there an aulopsy? 40
15. MAIDEN NAME Mary Clevel	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Olivel 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dale of injury19
(State or country) Uga. Com	Where did injury occur?
17. INFORMANT Comile - J. Brown	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Connegagles m.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace of Mary Date Date 19	Nature of injury
19. UNDERTAKER 2 3. Hopemas. (Address) Commander (m)	24 Was disease or injury in any way related to occupation of deceased?
	(Signed) 7: Willis Marlin M. D.
20. FILE SALL (193) Pry a Fry G Megistrar.	(Address Annapolis Md.
	2411 N. Charles Street, Baltimore, Requesting U. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage RURBAU V. S.	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PLACE OF DEATH	09115 STATE OF MARYLAND
1	County Come County	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City hun ham (No. 2Full NAME Thomas 12 10000	St.: Ward) (If death occurred I a hospital or institution, give Its NAME is stead of street an number.)
:	PERSONAL AND STATISTICAL PARTICULARS	
	3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
	Male White OR DIVORCED (Write the word)	16 DATE OF DEATH 192
	Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 27 198/. to aug 9 , 198/. that I last saw hm alive on august 9 , 198/.
	7 AGE Sthan I day hrs.	and that death occurred on the date stated above, at 2 0 m
	8/ yrs. 3 mos. 24 ds. or min.?	The CAUSE OF DEATH was as follows:
7	(a) Trade, profession or Particular kind of work	Europe by automible while
K	V(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) vis. mos / de
	9 BIRTHPLACE (State or country) Mg.	Contributory Internal profuses, West &
	10 NAME OF FATHER WEIGH PROUND	(Signed) Solo Jones, M. E. aug Mal
	OF FATHER (State or country) 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER CAUdosa Harry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Mrs. J. Brown	Former or usual residence
	(Address) Laures M.J.	St Marys Layrel Kul aug. 1,4 19 3.
	Filed lug 12 192/ Dlora M. Bash Registrar	20 UNDERTAKER DELICE AUGRESS MILLER MILL
1	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Ezhaustion," "Heart Imule,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all approved by Committee on (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND	-CERTIFICATE OF DEATH 09116
1. PLACE OF DEATH	
County arme arundel Crenty	Registration Dist. No.
Village or City Suddle	NoSt,Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
71	2
2. FOLL MAINE	urun _
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH august 5, 193 7/
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
h. 4. 10 16	I tast saw h im alive on august 4 1931 death is said
6. DATE OF BIRTH (month, day, and year) May 1 (93) 7. AGE Years Months Days If LESS than	Trast Saw III - 12 - alive Oil
2 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	were as follows: Detectolities Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Data deceased last worked at this occupation (month and spent in this occupation corupation occupation	
C 11 1. 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Dudty (State or country)	"hulnutitis
E	
[State or country]	Name of operation
	What test confirmed diagnosis?
	23. If death was dwa to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) The state of country)	Accident, sulcide, or homicide?
17. INFORMANT Edwa Brown (hrother)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMACION, OR REMOVAL	Manner of injury
Nace Telerollon Date all 6 190	Nature of injury
19. UNDERTAKER Jeglym Hardeley (Address)	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILED Lung 6, 181 M. Claylor Della Registrar	(Signed) Emply C. Hammand M. D. (Address) Lathran and M. D.
Megistrar.	" (////////////////////////////////////

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	6
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N.B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-WRITE PLANLY, WATH UNFADING INK-THIS IS A PERMANE

MARGIN RESERVED FOR BINDING

PLACE OF DEATH County annalel	09117 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Arm Missing Mod	Registration Dist. No. 20
Village or City DunningNoluci 2FULL NAME Pearl Cuttert	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Aug 3/, 1991 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from any 16 1931 to any 31, 1931 that I last saw Manalive on any 31, 1931
7 AGE 2 yrs. 2 mos. 9 ds. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or	Cerebro - spin as miningitis
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dubonalous managetis certs the
9 BIRTHPLACE (State or country) Marylan of	Contributory Secondary (Duration) A yrs. mos. de
1D NAME OF FATHER	(Signed) Kerry January M. D
State or country	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Day Styles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Mayland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) Sambrills Ma	19 PLACE OF BURIAL OR REMOVAL SEPT 1, 18/
Filed Sept / 1921 M. Caylor.	20 UNDERTINER Velch . Friendship.
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, or At Hame, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laboreryrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material person, irrespective of Coul mine, etc. 6 Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (ayoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) ; telapus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haenorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. (secondary Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; or intercurrent) affection need not be Chronic ralvular heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is executal and must be obtained before the certificate is permanently filed

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very innertant. LY, WA'H UNFADING INK--THIS IS A PERMANE WRITE PLA

FOR BINDING

MARGIN RESERVED

County anne Oreendel	09118 STATE OF MARYLAND
Severa River man Benfield.	(83) Registration Dist. No. 2/
Village or City(No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 16/2., 1982. (Month) (Day) (Year)
Man. 10 -, 1869	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE 6	and that death occurred on the date stated above, at 75 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	accedenta Drowning.
which employed or (employer) 9 BIRTHPLACE (State or country) Maryfand.	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Williams Carey.	(Signed) allow H. Alogge Jr. act. Cor M. D. aug 19 1921 (Address) alam Burner Jord
OF FATHER (State or country) Maryland, 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine frost.	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland,	At place of death yrs mos de. In the State yrs de. Where was disease contracted,
(Informant) alter Bailey	if not at place of death? Former or usual residence
(Informant) What Address) Calonarily Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Then (askedsel Cent. Oug 19, 1931.
15 File aug 17 1981 Janus Derry ga	20 UNDERTAKER Caster Sous Ellicate, Cely
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death capprofed by Committee on Nomenclature of the American Medical Association.) "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acto probably suicide. The nature of the injury, accident: Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary s fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need for malignant neoplasms); Measles; Chronic etc. The contributory valvular heart disease;

If mis cotherate is looked over thoroughly and all questions ared in graff, it will prevent further correspondence. All the is essential and must be obtained before the certificate is examply fied.

IN B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT B ARGIN RESERVED FOR BINDING

SIAIL	OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH		
County a w		Registration Dist. No. 21
Village or City Command	solio and	No Energence Hospital St ' Ward
Length of residence in city or town when		f death occurred in The pital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth? yrs mos ds.
\$ 0	0 6 1	reskey
2. FULL NAME	geen gr. con	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of		ang, 15 ,1931 to ang, 15 ,1931
S. DATE OF BIRTH (month, day, and year)	aug 15-1931	I last saw er elive on aug 15 1, 193 (; death is said
. AGE Years Months	Days If LESS than 1-day, 2 hrs.	to have occurred on the date stated above at the mention of the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		Prematicit
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		11- min of contation
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	(6 mouns great reco
12. BIRTHPLACE (city or town)	apriles. mg	Other Coutributory Causes of importance:
(State or country)	11/4	-
13. NAME Welliams	concessey	
14. BIRTHPLACE (city or town)	York	Name of operation Date of Date
×	p (me Hugh	What test confirmed diagnosis? Was there an autopsy?
		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	nlania	Where did injury occur?
17. INFORMANT William of Address) and apple	· le heskey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 4 11 31	Manner of injury
Place of marys	Date 2 / 6 , 19	Nature of injury
19. UNDERTAKER 3 T. Hof	fing.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Crip 16 , 193 1 }	y 4 C & Registrar.	(Signed) (Address) anapolis, md. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and relation of importance were as follows:	ted causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage Blike F. A	July 5,1927	Peritonitis .	3 days ngo
Other contributory causes of importan	nce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. Mo. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03120
County A	Registration Dist. No. 27
Village or City Annabolis neck	No. St, Ward
(li	death occurred in a horpital or institution, give its NAME instead of street and number)
(12 · C) . C	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME CLOSSE LEE	oals.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Your Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of	
(or) WIFE of	Au HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 25 (980)	last saw her over on flug 4 1931; death is said
6. DATE OF BIRTH (month, day, and year) C. 20 1730 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above at 5 A
/ 7 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	July 10 Date of onset
10. Date deceased last worked at this occupation (month and year)	
4 10-7 1	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State er country)	
	- White war
I CONTROL OF CONTROL O	
(State or country)	Nama of operation Date of Was there an autopsy?
15. MAIDEN NAME WORLD	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
(State or country) Tmapolis heck	Where did injury occur?
17. INFORMANT Am Couter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Brown Fills	Manner of injury
Place Amapatic heep Date Any 1931	Natura of injury.
19. UNDERTAKER 26 CLOW ST.	24. Was diseasa or injury in any way ralated to occupation of deceased?
20. FILED Cong x 1931 Justice of a Min Registrar.	(Signed) Chubra far M. g. (Address) Chubra far M. g.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
THE PART OF LAKE	DA JAVIJ	T OIL	T. C. T. T. T. T. T. T. T.	DITTELLINEDIT	421	T TI T DI CITILI

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or A! definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer: Farm laborer, Laborerworked on may form part of the second statement (a) Foremen. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., tion applie, to each and every person, irrespective of fulness of various parsuits can be known. The quescapation is very important. So that the relative health-Statement of Occupation-Precise statement of oc-6 yrs.). For persons who have no occupation For many occupations a single word or term on rst line will be sufficient, e. g., Farmer or Plantor, specially in industrial employments, it is neceswithout more precise specification as Day Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a) The material

Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the came disease. Examples: Cercbrospinal EASE CAULING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic carebro to time and causation), using always the same accept-Standment of Cause of Death-Name, first, the bis

> quences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopmeumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles;(name origin; "Cancer" is less definite; avoid inges. peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion." vulsions." (secondary or intercurrent) affection need Examples: Accidental drowning; Struck by railrow Whooping cough; Chronic Poisoned by carbolic acidof "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state "Heart failure." "Haemor -probably suicide. The navalvular heart discuse; Always qualify all "Соша," Committee on (merely (second (disease not be

the certificate is permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondall the data is essential and must be obtained before

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No. 1	•	ARGIN RESERVED FOR BINDIN	RES	ERVE	Q	FOR	BINDIN
B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN	WITH	UNFADIA	NG IN	K-TI	IIS	IS A 1	PERMAN
mation should be carefully supplied. AGE should be stated EXAC	refully su	ipplied.	AGE S	plnoq	pe	stated	EXAC
CAUSE OF DEATH in plain terms, so that it may be properly classifi	in plain	terms, se	that in	t may	he	proper	ly classif
TION is very important. See instructions on back of certificate.	ant. See	instructi	ons on	back	Jo.	ertifica	ite.

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1. PLACE OF DEATH County Village or City Village or City Length of residence in city of town where death occorrigis 8 years mose 7 95. Now long in U. S. If of torsign birth? 2. FULL NAME (a) Residence No. (b) Applece of abode? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED WINDOWSD OFF DYNORED (where the world) 5. If married, widelyed, or diverced (city with the confidence of the county	1	STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	00122
Village or City St Ward Length of residence in city of town where death occorright SV yrs. 5 mos 7 ds. Now leng in U. S. if of foreign birth? yrs mos ds. 2. FULL NAME	1. P	ACE OF DEATH	1 =	82-0	03144
(If death occurred in a hospital or institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence (No. For Cunation of the Control of Street of		ounty Anne	Amosel	Registration Dist. No.	20
Length of residence in city of town where death occorded Styrs S. most of state of shocks. 2. FULL NAME (a) Residence No. St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. PROVINCE Count by word (Constitution) 5. If married, widowed, or divorced HUSBAND of (Constitution) 6. DATE OF BIRTH (month, day, add year) March 9th 8th 15th 15th 15th 15th 15th 15th 15th 15	1	illage or City Joru	ch tura		
(a) Residences No. Aou (Una) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	ι	ength of residence in city of town where	6.0	0 =	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRID, WIDWED, OBY, O'CON, WIE of Work of the Color of Corp. WIE of Work and State of Corp. Wie and Work and State of Corp. Wie of Work and State of Work and State of Corp. Wie of Work and State of Work	2. F	ULL NAME & John	Collinson	onso.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SIMCLE, MARRIED, WIDOWED, 195 DIVORCED (write the flyword) 53. If married, widowed, or divorced HUSSAND of (Cry) hite of (Cry) hit	(a) Residence No.	1/ Rin		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, STORY OF DEATH (Morth) (Day) (Year) 5.5. If married, widowed, or divorced (HUSBARD of Groy WIFE of Mary E. Branch of Wife of Work done, as SPINNEE FR. etc. ST. Spont in this Groupston Groot of Wife was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation occupation of Wife of Work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) Spont in this occupation occupation occupation of Wife of Work was done, as SILK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) Called Wife of Work was done, as SILK MILL, SAW MILL, BANK, etc. 13. NAME To Work done, as SPINNEE FR. etc. The Work was done, as SILK MILL, SAW MILL, BANK, etc. 14. BIRTHPLACE (city or town) Called Wife of Work was done, as SILK MILL, SAW MILL, BANK, etc. 15. MAIDEN NAME To Work done, as SPINNEE WAS done, as SILK MILL, SAW MILL, BANK, etc. 16. BIRTHPLACE (city or town) Was there an autopsy? 27. Mark done of Mills and Called Wife of Work done of Mills and St. Was there an autopsy? 28. BURIAL, CREMNITON, BR SEMOVAL 17. INFORMANT Called Wife of Work done, or in PUBLIC PLACE. 18. BURIAL, CREMNITON, BR SEMOVAL 19. Manner of Injury 19. Manner of Injury		PERSONAL AND STATIST			
55. If married, vidoved, or divorced HUSENORED (write to be word) 56. DATE OF BIRTH (month, day, and year) Man ch 9th /849 State or country) 6. DATE OF BIRTH (month, day, and year) Man ch 9th /849 State or country) 8. Trade, profession, or particular similar of the state					1
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If more blanks have needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		arting			Jug.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis TIPEAU V. S	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state of OCCUPAA.

Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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15. MAIDEN NAME Unknown 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT Hospital Records (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hospital Lim. Date 19. UNDERTAKER (Address) 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? 34. Was disease er injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 35. Maident, sulcide, or homicide? 36. Specify city or town, county and State) 36. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 37. Manner of injury Nature of Injury 38. Was disease er injury in any way related to occupation of decease. 38. If death was due to external causes (VIOLENCE) fill In also the following: 48. Accident, sulcide, or homicide? 48. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 49. Was disease er injury in any way related to occupation of decease. 39. Undertaken of injury 40. Was disease er injury in any way related to occupation of decease. 40. Signed of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 40. Was disease er injury in any way related to occupation of decease. 40. Signed of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 41. Was disease er injury in any way related to occupation of decease. 41. Signed of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 42. Was disease er injury in any way related to occupation of decease. 43. Signed of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 44. Was disease er injury in any way related to occupation of decease.	14. BIRTHPLACE (city or town) Unkn (Stete or country)	own				
Where did Injury occurr. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place About lem. Date 5 29.19 / Nature of Injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to coupation of deceased? (Signed 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	15. MAIDEN NAME Unknown					
17. INFORMANT HOSPITAL RECORDS (Address) 18. BURIAL, CREMATION, OR REMOXAL Place Adopted Company 19. UNDERTAKER (Address) 24. Was disease or injury ly my way related to eccupation of deceased. (Address) (Signal Land (Signal Land) Manner of injury (Signal Land) (Signal Land) Manner of injury (Signal Land) (Signal Land) Manner of injury Nature of Injury (Signal Land) Manner of injury Nature of Injury (Signal Land) Manner of injury Nature of Injury Nature of Injury (Signal Land) Manner of injury Nature of Injury N	16. BIRTHPLACE (city er town)U	nknown		Accident, sulcide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place Abopted Com. Date 5 2 9, 18 1 19. UNDERTAKER OF P. Wirlende 24. Was disease or injury In any way related to occupation of deceased If so, specify (Signed Land) M. E. S.			Heryl en	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
20. FILED 31. 131 Dayse (Signed LELLA) MILENOS M. E	18. BURIAL, CREMATION, OR REMOXAL	Date 8	1202			
20, FILED. 7	(Address)	ende	7	If so, specify of the state of		
Registrar. (Address) Of Owill's VIII Interview In the ry 1810. If more blanks are record, padress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		blanks are moderal	Registrar.	(Address) Crownsville, Maryland		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 4 1003	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	BUREAU V	July 5,1927	Perilonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09124
1. PLACE OF DEATH	(2m) m
County a.a.	Registration Dist. No.
Village or City leedar part	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Lohn. a Crus	1.0
	St. 7 Ward.
(a) Residence: No. 196 August (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from ,19. ,19. ,19.
6. DATE OF BIRTH (month, dey, and yeer) Nov 27-1911	I lest saw halive on, 19; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, Paineller SAWYER, BOOKKEEPER, etc.	Accountly Killer
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	Struck By car of M
10. Date decessed last worked st 24/3 11. Total time (years) spant in this occupation (month end year) 12/3 13/4 14/4	89 A Railson
12. BIRTHPLACE (city or town) anafoles (Stete or country)	Other Contributory Causes of Importance:
13. NAME X. E. Crenford	-11
13. NAME X. E. Cranford 14. BIRTHPLACE (city or town) a. a. b. on (Stete or country)	Neme of operation
15. MAIDEN NAME annie F King	23. If deeth wes due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Annie F Kring 16. BIRTHPLACE (city or town) (Stete or country) Calcult of Own	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Crimford (Address) 190 word Damopolis (D)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE De Clar Polaff Dete De 1931	Manner of injury
Plece Determine Determine 1901	Neture of injury
19. UNDERTAKER The Hopform	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED LA 1 1931 franche c. franche	(Signed) Am of the further of Clark, D. (Address) Am of which Mass
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. Me. 1.

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ŭ	XXA	
WRITE JAINLY WITH UNFADING INK-THIS IS A PERMANENT CO.	Every item of information should be carefully supplied. AGE should be stated EXACTL should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EDCCUPATION is very important. See instructions on back of certificate.	
3	100	
	sta SPA	
	houle	
	W to CO	l

1 PLACE OF DEATH Anne Arundel



09125 STATE OF MARYLAND CERTIFICATE OF DEATH

Oou.		Registration Di	st. No. 21
Villa	age or City Eastport, Md. (No. 178-1st	Street St; Ward)	[It death occorred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 85	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED Marrie (Write the word) Marrie	16 DATE OF DEATH August (Month)	11,1934/ (Day) (Year)
6 DA	February 22 , 7188 (Month) (Day) (Year)		ust 10,1931
7 AG		The CAUSE OF DEATH * was as follow	
bu (b	B) Geogral nature of industry usiness, or establishment in hich employed (or employer) IRTHPLACE (State or country) New Jersey	Contributory Pulmonary He	
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) W. J. RIDDICK Aug. 20, 1931 (Address) NAVAL State the Dispass Causino Drath, or, Causes, state (1) Means of Injury; and Sujcidal of Homicidal.	in deaths from VIOLENT
0	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place ts ths	INSTITUTIONS, TRANSIENTS,
16	(Address)	19 PLACE OF BURIAL OR REMOVAL Cemetery II.S News	DATE OF BURIAL 13 Aug, 1931

REGISTRAR

J.S. Taylor

[Approved by U. S. Census and American Public Realth Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid liousekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer, "Foreman," "Manager," "Dealer," etc. without mor mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in But in many cases, without more (b) Auto-

Statement of Cause of Death—Name, first, the DISCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia"), Lobar marinary and the procedures of lungs, meringingilised is indefinite); Tuberculosis of lungs, meringingilised is indefinite);

suicide. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Ursemia," "Weakness genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial The nature of the injury, as fracture of skull The contributory (secondary or intereur-Never report mere (Recommendations "Exhaustion, ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before who certificate is permaneutly filed.

S. Mo.

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state

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II			
The principal cause of importance were a	of death and related causes sfollows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nepi	hhitis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	8.37 # 19.1	July 5,1927	Peritonitis	3 days ago		
	BUREAU V.S.					
Other contributory ca	nuses of importance:	The same of the sa	Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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REVISED UNITED STATES STANDARD / CERTIFICATE OF DEATH.

[Approyed by U. S. Census and American Public Health Asso.]

spective of age. For many occupations a single word when needed. As examples: (a) Spinner, (b) Cotton or industry, and therefore an additional line is proor term on the first line will be sufficient, e. g., question applies to each healthfulness of various pursuits can be known. The occupation is very important, so that the relative occupation whatever, write Nonc. state occupation at beginning of illness. or given up on account of the DISEASE CAUSINO NEATH, Housemaid, etc. If the occupation has been changed or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household without more precise specification, as Day laborer, "Laborer," "Foreman," "Manager," "Dealer," etc., form part of the second statement. Never return Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) vided for the latter statement; it should be used only kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer (retired, 6 yrs.). For persons who have no in domestic service for wages, as Servant, Cook, report specifically the occupations of persons engaged At school or At home. Care should be taken to Farm laborer, Laborer-Statement of Occupation .- Precise statement of business, that fact may be indicated thus: or Planter, Physician, -Coal mine, etc. Women at and every Compositor, person, Archiirre-

> can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old age," "Shock," symptomatic). "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Whooping cough; Chronic valvular heart diseasc; nomicinal, or as probably such, if impossible to INJURY and qualify as ACCIDENTAL, "PUERPERAL septicemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage, as "Uremia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Hemor-Chronic interstitial nephritis, etc. The contributory death approved by Committee on Nomenclature of wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-(secondary or intercurrent) affection need not be the American Medical Association.) tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. undertaken. -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), for malignant neoplasms); such as "Asthenia," "Anemia" (merely FOR VIOLENT DEATHS State MEANS Example: Measles (disease SUICIDAL, 010 010

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF tem of should County Registration Dist. No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3. SEX OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of PERM 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... may baek should SOCUE 10. Data deceased last worked at 11. Totel tima (yaars) spant in this this occupation (month and that occupation instructions 12. BIRTHPLACE (city or town (State or country) supplied. plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) carefully What test confirmed diagnosis? MOTHER important. 23. If deeth was due to external causes (VIOLENCE) fill in also the following in DEATH 16. BIRTHPLACE (city or town) (State or country (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should 17. INFORMANT very OF (Address) CREMATION, OR REMOVAL Manner of injury CAUSE mation Netura of Injury NOIL 24. Was disease or (Address) If so, specify

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
B(IREAU V.B.)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N.B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19129
1. PLACE OF DEATH	(N3)
County Anne Chundlel lac	Registration Dist. No. 2 5
Village or City Marley Mole: mr. Curti	Noar St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Mria. OT +	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME (Milloam Forler	A M. I DITA
(a) Residence: No. 8 13 - (W. Genny Con (Usual place of abode)	St., Ward. / 8 LVOIO. A Salw Und If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DEVORCED (write the word) Name Name Name Name Name Name Name Nam	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Bertha Foster HUSBAND of (or) WIFE of Married	22. I HEREBY CERTIFY, That I attended deceased from aug. 4, 1931, to aug. 4, 1931.
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on July 2 5 193/ death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 11, 30 a.m.
3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	Drowned (accidentally) Date of onset
kind of work done, es SPINNER, Sawyer, Bookkeeper, etc.	
9. Industry or business in which work was done, as SILK MILL, Manual as Kenne Further	
SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation condition of the years) year) 11. Total time (years) spent in this occupation occupation	
2/21	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
Ξ	Name of operation to Date of
14. BIRTHPLACE (city or town) (State or country)	
15. MAIDEN NAME PLANTY	What test confirmed diagnosis?
H	Accident, suicide, or homicide? Accident Date of injury aug 4, 1931
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Cutis Bay a. a. Co, Mid.
17. INFORMANT Dertha Forter (Address) 813) 21 Seria aton M	(Specify day or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Tram - car jumped into water
Place Int 3con of Date 8/1/10/, 19	Neture of injury Drowned.
10 HADERTANEO GRAFIA & Brong me /+ San.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Salah & Storion & Son	If so, specifyA
20. FILED aug. 4., 19.3/ Ida M. Halion	(Signed) Alm a. Brichness M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hanc other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 501	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

males Fr

V. S. No. 1

PHYSI-

- K	1	(13100
Λ	1PLACE OF DEATH	STATE OF MARYLAND
	County 316 District Mugo thy Beach	CERTIFICATE OF DEATH
	county, and a land of the state	(46) CERTIFICATE OF DEATH
	α	Registration Dist. No.
	Village or City Magolful Black (No. 1.	(16 con St. Ward) (If death occurred in
	village of City 10 10 10 10 10 10 10 10 10 10 10 10 10	valu) a hospital or institu-
	0. 90 . 10	tion, give its NAME in-
	2FULL NAME THOUS JUSTES	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 7
	MARRIED, WILLIAM	August 4 (1, 1981
	H OR DIVORCED	
	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decembed from
	Warch 14. 1865	000, 10 4 1929. to Mugust 7 11, 1901.
H	(Month) (Day) (Year)	that I last saw he alive on august 3 1 1951.
		1 401
	The state of the s	and that death occurred on the date stated above, at
	l dayhrs.	The CAUSE OF DEATH * was as follows:
	yrs. ds. or min.?	1
1	a OCCUPATION (a) Trade, profession or	Caroma of the stomoch
	particular kind of work and name	
	(b) General nature of industry	
1	business, or establishment in	(Durstion) / yrs / mos / 9 ds.
1	which employed or (employer)	Caplohan
	9 BIRTHPLACE	Contributory Complete Secondary
	(State or country)	(Duration)yrsmoe.Z./de.
.	10 NAME OF	At 100 . 00 l
	FATHER HOLMAN ON MARIONA	(Signed) M. D.
	11 BIRTHPLACE	8/4 193/ (Address) 24 26 Janovs 22
	0,1	*State the Disease Causing Death, or, in deaths from
	CState or country) Sumure 12 MAIDEN NAME 17 (State or country) Sumure	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	E 12 MAIDEN NAME	
	of MOTHER OUTABELL HUCKS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE	
	OF MOTHER GEAM AND	At place In the of deathyrsmosds. Stateyrsmosds.
	(State or Country)	Where wes disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of dea.h?
	Wodan Geinle	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
	(Alter) 3 rd & Mission Magolly Be	
	(Address) 310 E Orman 1 1 1 1 1 1 1 1 1 1	6 cd as Bill bene Ully 7, 1931
	15 211 717 1. 12712	20 UNDERTAKER ADDRESS
	Filed 8 - 4 190% a. a. a.	The Mental & DE FORY
	Registrar	V. Wow of and 30 6. Follow
1	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

09130

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewise, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traindiseases (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

II this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	0.0131
PLACE OF DEATH	STATE OF MARYLAND
County ame annell	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City amajolis No. 206	To lay St.: 4th Ward) (If death occurred in
11 1 1	a hospital or institution, give its NAME In
2 DLL NAME, Helen & Green	stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
MARRIED,	16 DATE OF DEATH 8 / 3 1923/
OR DIVORCED	(Month) (Day) (Year)
Carry I Comment	17 / I HEREBY CERTIFY, That I attended the degeneed from
19 (1 m. · 0 1.7 1915	7/24/2/ 192 to 8/12/8/192
(Month) (Day) (Year)	that I last saw had alive on S. 13 13 192
	and that death occurred on the date stated above, at 650 Am
1 dayhrs.	The CAUSE OF DEATH * was as follows:
7 6 yrs. 2 mos. & O ds. or min.?	f ,
8 OCCUPATION (a) Trade, profession or	Luberculous
particular kind of work	***************************************
business, or establishment in	(Duration) yrs. mos 20 ds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
" angland	(Duration) yrs mos de
FATHER A A A A A A A A A A A A A A A A A A A	(Signed) M. D.
11 BIRTHPLACE	8/2/1925/ (Address) Cactus Inny
of FATHER (State or country) M. G. H. Le . A	*State /the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Ш	
of MOTHER Harnett Welley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place in the
(State or Country) Mayland	of death yrs mos ds. State yrs mos discase contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of death?
Charal Black tons	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 10 6 long St	Bruhill belower lung 15, 1931
15 1 11 102 1 1 C & 1 10D.	20 UN DERTAKER ADDRESS
Fileding 19 1923/ Tray C. Registrar	laharles to Herelo de Compa
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWCED OR OLOVORCED OR

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Physician, Compositor, whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Doy mpositor, Architect, Locomolive engineer, Stationary firemon, etc. But in many For persons (b) Automobile foctory. The material (a) the kind of work and also (b) the who have no occupation single word or term on not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the Drs. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid approved by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping American Mcdical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic valvular heart disease; "," "Coma," "Convulsions, etc. The contributory Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is epermanently filed

ARGIN RESERVED

V. S. No. 1 N. B. mation should be carefully supplied. AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

CIT	DEATH	0.9	11	3
		() o	2.1	U

1. PLACE OF DEATH	03134
County Anne Arundel	Registration Dist. No. 21
Village or City Elvaton	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	s. ds. How tong in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME Thomas Brice Johnso (a) Residence: No. Elvaton, Md.	
(a) Residence: No. Elvaton, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH August 31 , 1931 (Yéar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mrs. Harriet M. Johnso	n 22. I HEREEY CERTIFY, That t ettended deceased from August 29th 1931
6. DATE OF BIRTH (month, day, and year) hoven by 3-185	7 ! last saw h_ im alive on August 29th 19 3I ; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at . 6 & m
73 9 19 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Chronic myocarditis 1929
SAWYER, BOOKKEEPER, etc. Farmer	
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years)	
this occupation (month and 1930 spant in this life	Other Contributory Causes of improvement:
12. BIRTHPLACE (city or town) A.A.Co.	Arteriosclerosis
(State or country) Md.	BANGAS GROOMS
13. NAME Jerome Johnson 14. BIRTHPLACE (city or town) AA. Co.	
14. BIRTHPLACE (city or town) AA. Co.	Name of operation Date of
(State or country)	What test confirmed diagnosis? clinical Was there en eutopsy?_no-
15. MAIDEN NAME Eliza Anne Manolee 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Md •	Accident, suicide, or homicide? Date of injury, 19
Harriet M. Johnson	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT P.O. Millersville, Md.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cedar Hall Cembate 9/2, 1931	Nature of injury
19. UNDERTAKER James S. Taylor & Sons	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Annapolis, Md.	If so, specity
20. FILED 8-31 1931 7. a. Brew	(Signed) L. a. US Web - W. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SFP 4 1991	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
	A 1967	40.4		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	10.1.200			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10133
1. PLACE OF DEATH	8 -2
County Q. Y.	Registration Dist, No. 21
	No. On Servey Au 9 2 9 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
6 2 17 1	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Chaples Garl Kell	Y
(a) Residence: No. Cy Swern av. 2 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Washed	21. DATE OF DEATH (Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen M. Kelly	1 HEREBY CERTIFY. That I attended deceased from 19 31 to Aug 16 19 31
6. DATE OF BIRTH (month, day, and year) Offil 10 4 1892	last saw h. M. alive on and 1k 1931 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to hava occurred on the date stated above, al
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Leepen of Gasoline SAWYER, BOOKKEEPER, etc.	Gerebral Homoshaye any 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Service Studion: 10. Date deceased last worked at this occupation (month and the second in this count in this second in this count in this second in this se	
SAW MILL, BANK, etc	
this occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) unafort Md	
(State or country)	a inphilis
13. NAME Levre 6. Telly 14. BIRTHPLACE (city or town) Many large	V
14. BIRTHPLACE (city or town) Many Carrol	Nama of operation
(State of Country)	What test confirmed diagnosis? Warrand Amade, Was there an autopsy?
15. MAIDEN NAME Julia Charo. 16. BIRTHPLACE (city or town) Manyland	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
0 16, BIRTHPLACE (city or town) Many Land	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leven C. Telly (Address) Easysort why	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mid. (1)	Manner of Injury
Place Usuapola Date Usig 17, 1931	Nature of Injury
19. UNDERTAKER John 24 Langles and	24. Was disease or injury in any way related to occupation of deceased?
20. FILEdang 19, 1931 Fry 6 e. fry a Begistrar.	(Signed) Mush M.D. (Address) Gun John M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	0 3 4 3031	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUSU	July 5, 1927	Peritonitis	3 days ago	
	and the second				
Other contributory causes	of importance:	**	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Should

1	PLACE	OF	DEATI

County Anne Arundel

09134

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Elf death accurred in

Villa		LL NAME And:	rew LIMDELL	y HOSPICAL St; Ward)	a hospital or institution, give its NAME instead of street and number.]		
	PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH		
385	x le	4 color or race	6 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) Married	16 DATE OF DEATH August (Mont	()		
7 AG	CCUPATION	May (Mor	15, 7867 (Year) (Day) (Year) If LESS than 1 day, hrs. or min.?	Bild that death occurred on the date states above, demanded			
pa (b bu wh) General nati siness, er es	of work GREEC ore of Industry tablishment is (or employer) GREEC		Contributory MYOCARDITIS Secondary (Burallo (Signed) 77 5805 GIBBS	CHRONIC#230		
ARENTS	12 MAIDE	or country) Gre		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.			
PA	13 BIRTH	THER	ece	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTE) At placs is the graph of the			
14 T	(lofermant)		ie Lindell	If net et place ef death? Fermer er esual residence			
15 FI	i Addres	96 Ship	wright St.	Naval Academy Cemeter O undertaker John M. Taylor	y Aug. 29, 1981 And Annapolis, Maryland.		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Realth Association.]

For many occupations a single word or term on the write None 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant. Cook wife, Housework, or At Home, and children not gamfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid limskeepers mill; (a) Salesman, (b) Grocery; (c) Foreman. business, that fact may be indicated thus. Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home Care should be precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager." "Dealer" of without more of the second statement mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation -- Precise statement of occupa-Compositor, Architect, The material worked on may form part Women at home, who are engaged in Never return "Laborer." Locomotive engineer, If retired from (b) Auto-

iniqualified is incefinite); Tuberculosis of lungs, meninlover time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Laker spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebrofor the same disease. Tretain all Albert 40,401 (never report "Typhoid pneumonia"); Eronekopneumonia ("Pneumonia, Examples: Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations smcide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent DEATES "PUERPERAL perilonitis," ctc. birth or miscarriage etc., when a definite disease can be ascertained as she mus," "Old Age," "Shock," "Urnemin," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion." "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (mcrely symptomatic), symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 de.; Bron-chopncumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Wheeping eough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver as "Puenperal septichaemia," State cause for which wound

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	S : 2 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDGAU V S.	July 5,1927	Peritonitis	3 days ago
Y		3		9
	Equipment of the second of the			1
Other contributory c	auses of importance:	, outr	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	1 PLACE OF DEATH	112120	STATE OF MA	ARYLAND
Coun	Anne Arundel	(112)	CERTIFICATE	
0000			Registration D	Dist. No. 21
Villag	ge or City Annapolis (No. 127 No. 127	Market	St.;Ward)	[If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	ME	DICAL CERTIFICATE	OF DEATH
3 SE	MARRIED, MOLLITON	16 DATE OF DEAT	H August (Month)	26 , 19/31 (Day) (Year)
	May 21, 1875 (Month) (Day) , 7 (Year)	August 25	1931 to Aug	ttended deceased from g.26.1931 191 .26,1931 191
7 AG	56 yrs. 3 mos. 5 ds. or min.?		occurred on the date s DEATH * was as follo	tated above, at
a (8	OCCUPATION) Trade, profession, or US NAVY (Retired)	**************************************		
(b) bus whi	Geoeral nature of Industry iness, or establishment in ich employed (or employer)	Contributory Secondary	latation Car	15 , mon for diac, acute 2 hours
	Annapolis, Md. 10 NAME OF FATHER Unknown	(Signad) F. D.	GIBBS, Lt Co	omdr. (MC), USN
RENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown	*State the I	181 (Addrsss)	NAVAL ACADEMY r, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER Bossela Mc New		DIMEANS CAUSING DEATH, OIL) MEANS OF INJURY; and HCIDAL.	
	OF MOTHER (State or country) Annapolis, Md.	At place of deathyrs	in theda. State	e,yremee. de
(5	on) (Informent) Annonalis	Where was disease control if not all place of death Former or usual residence		
16	Annapolis, Md., Sf.	Cedar Bl Annapoli	uff cemesery	8-28-31 , 191
Füe	ling 28. 1913, 75 16 C. France 280	John M.		Glouster St.,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00100

[Approved by U. S. Census and American Public Realth Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEASTH, Housemuid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer. Farm taharer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhioid fever (never report "Typhioid spneumonia."); Lohar imensation Renichappaeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

Mon statement of cause of death approved by Committee ence. All the data is essential and must be obtained before the certificate is permanently filed. on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably suivide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasto determine definitely. state means of injury and qualify as accidental, "PUERPERAL perilonilis," etc. birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Ursemis," "Weakness," "Anaemia" (merely symptomatic), "Atropny,
"("Convolutions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of If the certificate is looked over thoroughly and all quesby railway Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intereurtrain-accident; Revolver Examples: Accidental drowning; State cause for which Never report mere mound

N.B.-Every item of information should be carefully supplied. ACE should be sated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD H UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING LY, W WRITE PLA No. 1

1PLACE OF DEATH County Line areadel	09137 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Ci Rock Point (No. a	Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED THEATMENT OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 i HEREBY CERTIFY, That i attended the deceased from 1934 to July 1/193/192, that i last saw h alive on July 1/193/192,
7 AGE If LESS than I day hrs. or min.?	
occupation (a) Trade, profession or familiar kind of work	Charie nephratic alliens
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Canal And Andrew Selection Contributory
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) — — — — — — — — — — — — — — — — — — —
(State or country) IZ MAIDEN NAMS OF MOTHER OF MOTHER OF MOTHER (State or Country).	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death
(Informant) Stace Stall.	Where was disease contracted, it not at place of dea.h? Former or usual residence
(Address) (1. a. b. Bline of Registra)	Magrilly and 1931 20 UNDERTAKER To aduntand Roll ADDRESS 103
If more blanks are needed, addre.s Ltate Kegistas	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

age. For many occupations a single word or term on fulness of various pursuits can be known. The quesfired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., Farm laborer, Laborerwithout more precise specification as Day (b) Automobile foctory. The material (a) the kind of work and also (b) the -Cool mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the mis-EA. 2 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros₁ inal meningitis"; Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid Pneumonia"); bobar pneumonio, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage, stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heort disease; etc. The contributory Nomenclature of the Always qualify all Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. It is a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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E	xample I		Example II	
The principal cause of desof importance were as foll	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street ear	1 week ago
Corebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	STADAE VE	t.º		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

THE DESIGNATION OF THE PROPERTY OF THE PROPERT	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County	2 Ward
Village or City Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BYNOSCED (winter the word) Fas. If married, widowed, or divorced HUSBARD of (or) WIFE of (a) Particular (b) DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 (day, hrs. or min. No. St., (If death occurred in a horpital or institution, give its NAME instead of street in the word) St., (If death occurred in a horpital or institution, give its NAME instead of street in the Name in the word in a horpital or institution, give its NAME instead of street in the Name	
Length of residence in city or town where death occurred yrs mos ds How long in U. S. if of foreign birth? yrs. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. CQLOR, OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR BYORCED (write the word) For hyorograph of city of control of the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS thand of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) occupation 11. Totel time (years) spant in this occupation (month and year) occupation	
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DWOSCED Twite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or)	and aumbers
(a) Residence: (No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Month) 21. DATE OF DEATH (Month) 22. 1 HEREBY CERTIFY, That I etten 19. to have occurred on the dete stated above, at P The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed last worked at this occupation (month and year) 11. Totel time (years) spaint in this occupation (month and year) 11. Totel time (years) spaint in this occupation occupation	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed last worked at this occupation (month and year) 11. Totel time (years) spant in this occupation (month and year) 12. DATE OF DEATH (Month) (Month) 3. (Day) 22. 1 HER EBY CERTIFY, That I etten to have occurred on the dete staled above, at	The second second second
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS that to have occurred on the dete stated above, at. 7 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were is follows: 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked at this occupation (month and year) 11. Totel time (years) spant in this occupation (month and year)	, 193 1 (Year)
DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS thap to have occurred on the dete staled above, at. 7.7 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed last worked at this occupation (month and year) 11. Totel time (years) spant in this occupation	
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked at this occupation (month and year) 11. Totel time (years) this occupation (month and year)	
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed last worked at this occupation (month and year) 11. Totel time (years) this occupation work was done and this occupation work was done as SILK MILL, SAW MILL, BANK, etc. 12. Oate deceesed last worked at this occupation work was done as SILK MILL, SAW MILL, BANK, etc. 13. Totel time (years) this occupation work was done as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Data of onse
10. Oate deceesed last worked at this occupation (month and year) 11. Total time (years) 12. Oate deceesed last worked at this occupation (month and year)	
10. Oate decessed last worked at this occupation (month and year) 11. Totel time (years) spant in this occupation Occupation	
BIRTHPLACE (city or town) Other Coutributory Causes of importance:	
(State or country)	
13. NAME Scorg & Clister 14. BIRTHPLACE (city or town) 15. Control of course	
	an au opsy?
15. MAIDEN NAME (Light And Light And	, 19
Where did injury occur? (Specify city or town, county and	State)
7. INFORMANT (Address) 382-5 St. Earthorn West.	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place 19.3/ Name of injury	
Nature of Injury	
19. UNDERTAKER (Address) 24. Was disease or Injury In eny way related to occupation of deceased? (Address)	
20. FILEO X of 1 1901 Clara Moasluh (Signed) Marle Slup	
If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting 31, S. No.	ley M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
RUREAU	- 4		
Other contributory causes of importance:		Other contributory causes of importance:	4 5 3
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

19. UNDERTAKER (Address)

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

4

. Every item of infor-

STATE OF MARYLAND	
1. PLACE OF DEATH	<u>95-5</u> (19140
County a a leanty	Registration Dist. No.
Village or City Councifalis	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Corrige Miller	
(a) Residence: No.445 # (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193 (Year)
5a. If marry of vidowed, or divorced HUSBAND of (or) WIFE of	22. FI HEREBY CERTIFY That I altended deceased from 1931, to willy 5, 1931
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove at 430 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were Styllews:
8. Trade, profession, or particular kind of work done, as SPINNER, Housel Wife SAWYER, BOOKKEEPER, etc.	1) Cesteriorelesti Cardeo Vanula 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Albery Leas (State or country)	Other Contributory Causes of importance: - Stage Auctin
13. NAME lebarles Dalenan	
13. NAME Loharles & alknown 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Ke
15. MAIDEN NAME ania Bactista	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mica Battype 16. BIRTHPLACE (city or town) May land (State or country)	Accident, suicide, or homicide?
17. INFORMANT Margret taylor (Address) 4.5 Files	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 3 Suc Flill Date Guery 9, 1931	Manner of injury

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

24. Was disease or injury In any way related to occupation of decaased?.

(Address)

N. B.-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example -I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V.	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		9	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. Mo. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09141
1. PLACE OF DEATH	(183)
County aune drewall	Registration Dist. No.
Village or Elgar Shady Side	No. sc, Ward
Length of residence in city or town where death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME CLYDE GEORGE	TILLER
(a) Residence: No. 418 - Br ST. A. (Usual place of abode)	St. Ward. D. C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH AUG (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Teulerouse	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
36 1 day,hrs.	ware as follows.
8. Trede, profession, or particular kind of work done, as SPINNER, Sawyer, BODKKEPER, etc. 9. Industry or business in which	accedental Drowning 8/16/3/
9. Industry or business in which work was done, as SILK MILL,	
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month and year) occupation for the second secon	
12. BIRTHPLACE (city or town) Washington DC (State or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? ASSLAGATE Date of Injury - 8/16, 19-3-1. Where did Injury occur?
17. INFORMANT George 7. Markey (Address) 3014-aland 25	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Downing accounted
Place 2 C Date Mug 18, 1931	Nature of injury
19. UNDERTAKER / Galley Hardlely Ma	24. Wes disease er injury in eny way related to occupation of deceesed?
20. FILEO Mug 17, 1931 Ges Merchys	(Signed) Louis for Sugar facture

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bastimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Action to Samuel A	Example II The principal cause of death and related causes Data of onset of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis 5 5	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

/	1. PLACE OF DEATH County C. C.	Registration Dist. No. 20
	Village or City Davidsarrille (II Length of residence in city or town where death occurred yrs	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME (a) Residence: No. Ethic New (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH The graph (Month) (Oay) (Year)
5:	I. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaasad from
6 7	DATE OF BIRTH (month, day, and year) Feb. 6, 1922 AGE Years Months Days If LESS than	I last saw h. Sy alive on aug 7 , 19.3/; death is sain to have occurred on the date stated abova, at 7.45 a.m.
6 7	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
A TION	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Brancho Turumouix
on back	work was done, as SILK MILL, SAW MILL, BANK, etc	ang 1/
Suora	year) occupation occupation 22. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
ER	(State or country) 13. NAME (Like 19. Minure)	Poroucho Turanous
FATH	14. BIRTAPLACE (city or town)	Name of oparation
HER HER	15. MAIDEN NAME Elbel Hollicas	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
	(State or country) J. INFORMANT (Address) Surulsurville	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
2.	B. BURIAL, CREMATION, OR REMOVAL Place Davidsonulle Date aug 10, 1931	Manner of injury
1	O. UNDERTAKER Jus. T. Cent	24. Was disease or Injury In any way related to occupation of deceased?
-	FILED aug 8-1931 M. Lucker Igle Kint.	(Signed) 40 level unes

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago STR. P. A. C. Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	Al
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09143
X. PLACE OF DEATH	119
County	Registration Dist. No.
	NoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	ds. How long in U.S. if of foreign birth?mos ds
2. FULL NAME Leonard Truss	ay
(a) Residence: No. Sordina	/St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	- (month) (vay) (val)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2 23	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) May 18-1931	I last saw h alive on, 19; death is sai
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	A
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Soster- Ententio 6 de
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPLK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc.	
this coorpored (months and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) bulling a. 4. Co.	
(State or country)	- mm
13. NAME Sun gy Murray	
14. BIRTHPLACE (city or town) A. G. Co., Fruel.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Manue Curray	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) a. G. C. ruf	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur?
17. INFORMANT Manine Murray	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Shirtung	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Shidum Date lung 9, 193/	Nature of Injury
Cherche 4: hal In	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify A
	(Signed) then W anderson of believe as Coroner M.
20. FILED ling 8, 1931 Joby 6 C. Jan a Profestrar.	1- (Signed) the Chine for les Mel.
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset	

PLACE OF DEATH	09144 STATE OF MARYLAND
County A. U.	S CERTIFICATE OF DEATH
2 10.	Registration Dist. No.
Village or City Managodas (No. 6 mer.	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULS NAME Sawn	number.)
PERSENAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 • ATE OF BIRTH Aug, 193/ (Month) (Day) (Year)	that I lest saw here alive on sulfam ang 18 1923!
7 AGE Stellbarnos. ds. or min.?	The CAUSE OF DEATH * was be follows:
occupation (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yra do.
9 BIRTHPLACE (State or country)	Contributory Canada abacesce Sécondary, H 5 calfs Wain 100 (Duration) yrs, mos. de.
10 NAME OF FATHER Ellis Oshay	(Signed) J. Willis Martin M. D. 8/1/8 1981 (Address) Annabolis M.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus. atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER WINDSTEIN	18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Maryland	ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, 22 m/sat lst
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence 92 Wish A. Ann opolis My
(Informant) Calles OSMOS (Address) 92 West At.	Hobrow Comelery Jug 18. 1931.
15 Fileday 18 1923/ Frayle C. John Registrar	Just Lewis 1439 & Ballo
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook, Housemaid, etc. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile If the occupation has been changed factory. The material As examples : (c) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia, P.

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonacum, etc., Carcinoma, Sarcoma, approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tubcrculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. affection valvular heart disease; Nomenclature The contributory need not be Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

4

V. S. No. 1

PA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (19145)
P O	County Canne Candel	Registration Dist, No. 21
3/6	Village or City Fromwille Sta	to Not as Ital St. Ward
200	(If	death occurred in hospital or institution, give its NAME instead of street and number)
ANS ent	Length of residence in city or town where death occurredyrs	us. now long in 0.5, it of foreign birth?
ICI.	2. FULL NAME formson	notar
rkD.	(a) Residence: No. (Juntal and a state (Usual place of abode)	Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 .	Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Wonth) (Oey) (Year)
ified	5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
A	(or) WIFE of Sugar	June 1 1931 to Coup 5 , 1931
E X cl	6. DATE OF BIRTH (month, day, and year) 1892	I last saw h say alive on Carf . 5 1931; deeth is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated ebbye, et
state prop	Ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
of pe	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	0604
ould may back	9. Industry or business in which	Ceseving promonage
should it may	work was done, as SILK MILL, SAW MILL, BANK, etc	
S T S	this occupation (month and spent in this year)	
nrabing pplied. AG] erms, so tha instructions	12. BIRTHPLACE (city or town) Commafalis	Other Coutributory Causes of importance:
s, s, s, ruc	(State or country) Many Camel	
supplied terms, ee instru	13. NAME Scorpe W. Parker	Moure alcoholing
sup vin to See	4 14. BIRTHPLACE (city or town)	Neme of operation Date of
424	(State of Country)	What test confirmed diegnosis? / My Sure Was there an autopsy? Zu
reful in p	15. MAIDEN NAME Cooking Johnson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
hould be car OF DEATH very import	[State or country]	Accident, suicide, or homicide?
DEA	17. INFORMANT M1. 9. 4. 13. 12hrs	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
should OF D	(Address) and of his med	
is a s	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
-WKITI mation s CAUSE TION is	Place Shower Hill Constitution Date Cry, 5, 1931	Nature of Injury
ma CA TIC	19. UNDERTAKER MYS CO THE FANKEN (Address) 47 Washington SI	24. Was disease or injury in any way related to occupation of deceased?
Z.	20. FILEDING & , 1931 Joyle C Joy Co Misson	(Signed) (Si
T)	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	3 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	-			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER S	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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CORD. Every item of infor-PHYSICIANS should state

of OCCUPA-

Exact statement

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT N mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYLA	ND-CERT	IFICATE	OF	DEATH
---------------------------------------	-------	----	--------	---------	---------	----	-------

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0	3	1	4	()
V	6	- 1	40.	

1. PLACE OF DEATH		THE PLANT	(200-20)	
County Anne Arund	iel		Registration Dist. No. 20	
Village or CityDavidsor Length of residence in city or town where		(16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. di	
2. FULL NAME Mabel] (a) Residence: No.	Lottie P		St., Ward.	
	(Usual place	of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE B		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Aug. 28 , 193 1 (Year)	
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE ot			22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19	
6. DATE OF BIRTH (month, day, and year) A1 7. AGE Years Months	lgust 22	, 1931 If LESS than 1 day,hrs. ormin.	I last saw h alive on, 15, 19, 19, death is sai to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es tollows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Unattended: Child was sick one hours, The died a Cause of deathy unknown. Other Contributory Causes of importance:	
	ce Parke		Name of operation Date of	
	Rosie Br	own	What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME I · B · I 16. BIRTHPLACE (city or town) (State or country)	A.Co., M	d.	Accident, suicide, or homicide?	
17. INFORMANT Frances Br			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PlaceDavidsonville	a Date Aug	29,1931	Manner of injury	
19. UNDERTAKER Jas T. C. (Address)	ox onville		24. Wes disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED 8/29 , 19 31 M	L. Igl	ehart Registrar.	(Signed) M. durbitt g DEP L. B. (Address) Dawdsunwell, Ind	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

received 9/15/31 Bureau V.S.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
TREAU V.	July 5,1927	Peritonitis	3 days ago
SEP SUBSTITUTE	1tay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	SEP Sarrodui	1915 1921 July5,1927 A NA HALLA importance: 338	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

-WRITE PLAINLY,

JO PHYSICIANS Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

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TION is very important. See instructions on back

should state OCCUPA-

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		Registration Dist. No. 2I		
County Anne Arunde	1			
Village or City_Upper_Mag		No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs mos. ds.		
2. FULL NAME Anthon: (a) Residence: No. II25 W	V.F. Pauza Lombard st. (Usual place of abode)	St, Ward. Baltimore give city or town and State		
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male white	s. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH August (Month) 16 (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna	Pauza	22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19, 19		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 34 II 8. Trade, profession, or particular	ugust 22 I895 Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset		
kind of work done, es SPINNER, SAWYER, BODKKEPER, etc	tailor	Accidental drowning		
year) 8-15-31 12. BfRTHPLACE (city or town) Baltim (State or country)	7770	Other Contributory Canses of Importance:		
13. NAME Anthony Pauza				
14. BIRTHPLACE (city or town) Lith (State or country)	uanta	Name of operation		
15. MAIDEN NAME Anna Me 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Jenny Pyvary (Address) 34 S. Calhour 18. BURIAL, CREMATION, DR REMOVAL Place Loudon Park	ania ın	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
19. UNDERTAKER C. Kuchaucks (Address) Baltimore; 20. FILED August I6-3I	ıs	Nature of injury. 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 'S 'A DV3 2000	July 5, 1927	Peritonitis	3 days ago	
1881 02 20				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones GAATA	May 1,1923	Gastroenteritis	1 year	
The second second				

V. S. No. 1

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	zantenia presi.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Contract Con			
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		the state of the s	
		- Salar Control of the State of	

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

occupa-

Exact statement

Every item of infor-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
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U	J	Ī	4	3

1. PLACE OF DEATH			(34)		
County Anne Art	indel		Registration Dist. No.		
	re death occurred	l_yrs mos	ND. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. 22 ds. How long In U.S. M of foreign birth? yrs. mos. ds.		
2. FULL NAME Add	olphus Pu	gh			
(a) Residence: No. Bal	Ltimore C (Usual place		St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIS	STICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male Lolor or RACE black	OR DIVORCE	RED, WIDOWED, D (write the word) rated	21. DATE OF DEATH August 30th (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of COT) WHE OF Lillian		arolina	22. I HEREBY CERTIFY. That I attended deceased fro August 8th ,1930 ,10 August 30 ,181 Hast saw h. 1m alive on August 30 ,1921 ; death is sa		
6. DATE OF BIRTH (month, day, and year)	Days Jnknown	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, D: 20P • m The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Waiter	time (years) nt in this upation	Cerebro spinal syphilis 18 mos		
	rth Cerol		Other Contributory Causes of importance:		
W 13. NAME Frank Wil	lson				
13. NAME Frank William III. BIRTHPLACE (city or town) North (State or country)	th Caroli	.nə	Name of operation Date of Was there an aulopsy?		
15. MAIDEN NAME Alice	Pugh		23. If death was dua to axternal causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Alice 16. BIRTHPLACE (city er town) Nor: (State or country) HOSpital Re		na	Accident, suicide, or homicide?		
17. INFORMANT	ville &	aryland	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury		
Collection 19. UNDERTAKER Durie	Date of	Jegley	Nature of injury 24. Was disease at Injury in any way related to getupation of deceased)		
20. FILED 12, 1931 fra	JL C. J	Ca Mar Registrar.	(Signer) (Address) Crownsville, Maryland		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1			Example II		
The principal cause of death and r of importance were as follows:	elated causes	- Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	4 1631	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUB	EAU V. 8	July5,1927	Peritonitis	3 days ago	
		- 1			
P = Paparani		ý	,		
Other contributory causes of impor	rtance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

FOR BINDING ARGIN RESERVED

AGE should be

supplied.

mation should be carefully

-WRITE PLAINLY,

Z

certificate.

See instructions on back

be jo

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

should state of OCKUPA-PHYSICIANS Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEA				92-0 0915-0	
	County Anne				Registration Dist. No. 27	
	Village or City	Crownsvil	le St.	ste Hosp	itena St, Ward	
	Langth of residence In ci	ity or town where death	occurred		death occurred in a hospital or institution, give its NAME instead of street and number) 7 ds. How long in U.S. if of foreign birth?yrs	
	2. FULL NAME	Char	lie R	ich		
	(a) Residence: No.		.,		in Sy, Md Ward. If nonresident give city or town and State	
policie	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SEX d. color or race black 5. SINGLE, MARRED, WIDOWEO, OR OLYORCEO (write the word) married					21. DATE OF DEATH LUGUS t 24th (Oay) (Year)	
5a. If married, widowed, or divorced HUSBAND of COLUMN FOR Nettie Rich					22. I HEREBY CERTIFY, That I attended deceased from August 17th 1931 to August 24 19 31	
6.	DATE OF BIRTH (month, day	v. and vaar) Unl	cnown		Hast saw h im aliva on August 24th 19 31 death is sai	
-	AGE Years	Months	Days	If LESS than I day, hrs. or min.	to have occurred on the date stated above, at 7 : 40 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Outgofonse	
CCUPATION	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc				Mitral Insufficiency and ex- ? haustion due to maniacal ex-	
CUPA	9. Industry or businass in work was dona, as S SAW MILL, BANK, o	SILK MILL.			citement	
10. Date dacaasad last worked at this occupation (month and year)				ne (yaars) tin this pation		
12	BIRTHPLACE (city or town) (State or country)	Unknov	n		Othar Coetribatory Caeses of Importance:	
ER	13. NAME	Unkno	wn			
FATHER	14. BIRTHPLACE (city or to (State or country)	own) - HUnknov	4 n		Name of oparation Date of Was there an autopsy?	
ER	15. MAIDEN NAME	Unknown			23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city ar town) (State or country)					Accidant, sulcida, or homicida?	
17. INFDRMANT Hospital Records (Address) Crownsville, Maryland					(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL Placavalis buy moderate 6 ,1931					Manner of Injury	
19	O. UNDERTAKER Character (Address)	m. His k	o Tr		24. Was diseasa ar injury ty any way related to occupation of deceased?	
20	FILEBURY 24,	1931 Angl	· c. f.	7 4 Md Registrar.	(Signad LUX) MENOUS M. M. MANDERS M.	
		If more bland	ks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1821	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Ser 4 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUKEAU	July 5, 1927	Perilonitis	3 days ago
	80.80	1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones -		May 1,1923	Gostroenteritis	1 year

should state

item of infor-

1. PLACE O		JE MARI	LAND-	CERTIFICATE OF DE	ATH 09	151
County	Anne Arun	del		Registratio	on Dist. No. 21	
Village or (city Jacobs			No. f death occurred in a horpital or institution, give its NA the Mow long in U.S. iI of loreign birth?	St.,_ ME instead of street and	
	ME Alfred	Herman	Rieff, J	St., Ward.	ent give city or town as	
PERSON	NAL AND STATIST			MEDICAL CERTIFICA		id State
3. SEX male	4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH August	I7th	, 193
5a. If married, widow	white			(Month)	(Day)	(Year)
(or) WIFE of		- 0841	707-	August 15th 1931, to last saw h im alive on August	August 16	th ₁₉ 3I
	(month, day, and year) Ju ars Months	ne 27th,	1931.		(I a.	; death is said
-	T	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related co		
8 Trade profe	ssion, or particular	1 20	ormin.	were as follows: Acute gastro-enter		Date of onset
SAWYER 9. Industry or	work done, as SPINNER, , BOOKKEEPER, etcbusiness in which s done, as SILK MILL,			(summer diarrhea)		8-15
SAW MII	LL, BANK, etced last worked at pation (month and	11. Total tim	ne (years) in this pation			
12. BIRTHPLACE (ci		obsville		Other Contributory Causes of importance: Marasmus due to in	advised	
			Md.	change of diet.		
13. NAME A	lfred Reiff					
		ile River	r	Name of operation	Date of	
	country)		Md.	What test confirmed diagnosis?clini	cal Was there an	autopsy? 10
16. BIRTHPLACE	(city or town) A.	A. Co.	ſd.	23. If death was due to external causes (VIOLENCE) Accident, suicide, or homicide? Where did injury occur?	Date of injury	, 19
17. INFORMANT(Address) 18. BURIAL, CREMAT	Jacobsvill Tion, or removal cegusty			Specify city Specify whether injury occurred in INDUSTRY, in Manner of Injury Nature of Injury	r or town, county and St HOME, or in PUBLIC P	ate) LACE.
19. UNDERTAKER (Address)	a te d	Rieff		24. Was disease or injury in any way related to occ	supation of deceased?	
20. FILED 8 -	17,1931 7	e as	Vlet un Registrar.	(Signed) 2. le a la company (Address) Parada	Stein mo	M. D

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 wear

ADDITIONAL SP	ACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD I UNFADING INK--THIS IS A PERMANEN BINDING MARGIN RESERVED FOR WRITE PLA

V. S. No. 1

1	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County AMA	Registration Dist. No. 23
	Village or City Surnace Roanel	Ward) (If death occurred in a hospitel or institution, give its NAME is
	2 FULL NAME ROSA Maria Per	monrey hipligrumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Selection, 192 (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	thet I last sew has alive on
	6 Dyrs. 10 mos. ds. or min.?	The CAUSE OF DEATH * was as follows Stream
-	B OCCUPATION (a) Trade, profession or particular kind of work	
	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yes mos ds.
	9 BIRTHPLACE State or country	Contributory Secondary (Durstion) yrs mos de.
	10 NAME OF PATHER IN CO.	(Signed) there was squell M.D.
	11 DIRTHPLACE AS A STATE OF THE	18/Augyon JAddress) Lanthullelle Jef
	OF FATHER STATES (State or county) with romwell	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Weether Accidental, Suicidal or Homicidal.
	of MOTHER Olivalish Cromidell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or County)	At plece In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Will the Midden	Former or usual residence
	Andrew Address Light Milliam Mill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR SURGED 193/
	Filed Aug 19 13/ Caldwell Woodse Al	20 UNDERTAKER ADDRESS MUMO Ra
	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. gaged in domestic service for wages, as Servant, Cook laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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. Every	ICIANS	tement.	
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RECC	7. PF	Exact	
NFADING INK-THIS IS A PERMANENT RECORD. Every item of	plied. AGE should be stated EXACTLY. PHYSICIANS should	rms, so that it may be properly classified. Exact statement of OC	
A PEI	ed E	erly	instructions on back of certificate.
IS	stat	pro	certi
HIS	pe	he	Jo
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CC	AGE	that	ons
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DEATH in plain to

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important.

STATE OF MARYLAND—CERTIFICATE OF DEATH ORIGINAL. 1. PLACE OF DEATH County Anne Arundel Registration Dist. No. 2 I Traceys Landing No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Length of residence in city or town where death occurred vrs mos. ds. How long in U. S. if of foreign birth? vrs. mos 2. FULL NAME David E. Shriver (a) Residence; No. 613 Nottingham Road Baltimore (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) August male white married 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from Margaret A. Shriver (or) WIFE of 6. DATE OF BIRTH (month, day, end year) March 1880 TT 7. AGE Years to have occurred on the date stated above, at ___ 3 __ D _ m Oavs If LESS than 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importanco were es follows: TI 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Wholesale Manager Angina pectoris 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc........ Western Md. Dairy 10. Oate deceased last worked at this occupation (month and 8-22-3 I 11. Total time (years) spent in this 12. BIRTHPLACE (city or town) Westminster (State or country) Md. K. Shriver 13. NAME FATHE Westminster 14. BIRTHPLACE (city or town) Name of operation_____ Date of (State or country) Md. What test confirmed diagnosis? Was there en autopsy? Snyder MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOL ENCE) fill in also the following: Westminster Accident, suicide, or homicide? Date of injury 19 16. BIRTHPLACE (city or town) Md -(State or country) Where did injury occur?____ (Specify city or town, county and State) Margaret Shriver Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT 613 Nottingham Road (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Westminster, MdDate August 25 3 Nature of Injury W. M Routson 24. Was disease or injury In any way related to occupation of deceased? ... 100 19. UNOERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)

North ave. Baltimore

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run shereby street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pertionitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gautrocato itis	1 year
		40	

state 1. PLACE OF DEAT should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town where death occurred How long in U.S. if of foreign birth? statement 2. FULL NAME (a) Residence: No. (Usual place of abode If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT (Month) 5a. If married, widowed, or divorcad HUSBAND of F Yo That I attended degeased from (or) WIFE of E certificate. 6. DATE OF BIRTH (month, day, and year) : deeth is said properly 7. AGE stated Years Months Days If LESS than 11 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance - .- min. Date of onset 8. Treda, profession, or particular kind of work dona, as SPINNER, THIS be of SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which pluods work was dona, as SILK MILL SAW MILL, BANK, otc... NFADING INK no 10. Oale deceased last worked at 11. Total time (years) this occupation (month and occupation a instructions Other Contributory Causes of importance 12. BfRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) ain (State or country) be carefully What test confirmed diagnosis? Was there an autopsy To MOTHER very important. 15. MAIDEN NAME 23, If death was dua to external causas (VIOL ENCE) fill in also the following: ın Accident, suicida, or homicida?______ Date of injury_______ 19_ 16. BIRTHPLACE (city or town) DEATH (Stata or country Whera did injury occur?___ (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) OF 18. BURIAL CREMAT Manner of Injury CAUSE mation LION Natura of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED CULL Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example I	and desired to	Example II	
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Chronic interstitial neph	ritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAUV	July 5, 1927	Peritonitis	3 days ago
, K				
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

No. 1 32

PLACE OF DEATH County 1.	09155 STATE OF MARYLAND CERTIFICATE OF DEATH
0 01	Registration Dist. No. 2
Village or City fruolite (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH OC. 6, 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19, 1931, to 1931, that I last saw have alive on aug, 17, 1931,
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at 3 1 m. The CAUSE OF DEATH * Ayas as followed.
(a) Trade, profession or particular kind of work	
(b) General nature of industry husiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Frunce Learge Co. 10 NAME OF FATHER	Contributory Malmutation Contributory Malmutation (Signed) F Malm Martine M. D. (Signed) Martine M. D.
OF FATHER (State or country)	*State the Disease Causing Death, on in deaths from Violent Causes, state (1) Means of linity and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mane Usuals 13 BIRTHPLACE OF MOTHER OF MOTHER	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of deathyrs
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
(Address) arnolds My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ON THE STATE OF BURIAL OR
Fileday 19 1923 / Fray S C System St. St.	Lolarence Foreacte Mitchell
If more b.anks are needed, addre.s Ltate Kegistras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefere an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of tired 6 yrs). business, that faet may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausction), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

eausing death), 29 ds.; Bronchopneumonia (seeondary), (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "eontributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State eause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or misearriage as carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature of the Chronic etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and

number.) MEDICAL CERTIFICATE OF DEATH

and that death occurred on the date stated above The CAUSE OF DEATH * was as follows: Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

State.

If more blooks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs. business, that Taet may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Copk, Howemaid, etc. If the occupation has been changed ployed. as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremun, etc. But in many eases, especially in industrial employments, it is neceswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., without more precise specification as Day Foreman, (b) Automobile factory. The or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, For persons who have no occupation Laborer-Coal mine, etc. person, irrespective of As examples: (a) (6) material Grocery,

Stytement of Cause of Death—Name, first, the DIS-EAFE ("VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted-term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Oroup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of tho injury accident; Revolver wound of head-honnicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainean be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart discase; Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00157

n		UJIJI
-	CERTIFICATI	E OF DEATH. 82-0
4	1-PLACE OF DEATH 1-PLACE OF DEATH 2-FULL NAME CUST. 1/0-36 Property 10 PRESIDENCE NO/15-31dlrz Brook	REGISTERED NO. 23 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	(Usual place of abode) Length of residence in city or town where death occurred yrs, mos.	(If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) 19 31
5a	If married, widowed, or divorced HUSBAND of or) WIFE of Elizar both	that I as saw humalive on 19 31 to 19 31
61	DATE OF BIRTH (month, day, and year) Moh 12 1867	and that death occurred, on the date stated above, at
7	AGE Years Months Days If LESS than 1 day,hrs. ormin.	The CAUSE OF DEATH* was as follows:
8	(a) Trade, profession or particular kind of work.	Cepa via apaga apaga
11	(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTOR LA HENO SCORES (Secondary)
-	c) Name of employer again (Oil Cv.	18 Where was disease contracted if not at place of death?
	(State or country)	Did an operation precede death)
	10 NAME OF FATHER John Smullmal	Was there an autopsy?
ENTS	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis? (Signed), M. D.
PAR	12 MAIDEN NAME OF MOTHERICCA, Hitsly	, 19 (Address) 23 3, Charles SY.
u.	13 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
14	Informent Elizabeth Swallord (Address)	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL MOVAL ON A DOUBLE OF BURIAL ON 19 2
15	Filed Aug 9. 131 Coldwoll Woodsee &	My Cook 1217 St Pauls

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-BINDIN FOR RESERVED MARGIN

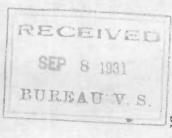
'A Z

[Approved by U. S. Census and American Public Health Asso.]

more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, pecially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter stateirrespective of age. For many occupations a single word or term on the first line will be sufficient, ning of illness. If retired from business, that faet DISEASE CAUSING DEATH, state occupation at beginhas been changed or given up on account of the of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile e. g., Farmer or Planter, Physician, Compositor, For persons who have no occupation whatever may be indicated thus: Farmer (retired, 6 yrs.). Scrvant, Cook, Housemaid, etc. If the occupation ployed, as At school or At home. Care should be taken to report specifically the occupations of work, or At home, and children, not gainfully emnite salary only (not paid Housekeepers who receive a defiwho are engaged in the duties of the household factory. The material worked on may form part ment; it should be used only when needed. As ex-Stationary Fireman, etc. But in many cases, es-Architect, Locomotive Engineer, Civil Engineer, The question applies to each and every person, healthfulness of various pursuits ean bc known. oecupation is very important, so that the relative Write Nonc. persons engaged in domestic service for wages, as Statement of Occupation.—Precise statement of may be entered as Housewife, House-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of......(name origin;

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uræmia," "Weakness," etc., when a definite disease can be ease eausing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæcough, Chronic valvular heart disease; Chronic (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Comto determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by of injury and qualify as accidental, suicidal, as "Puerperal septicemia," "Puerperal peritoni ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage. mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Constated unless important. for malignant neoplasms); Measles; Whooping mittee on Nomenclature of the American Medical the injury, as fracture of skull, and eonsequences carbolic acid-probably suicide. The nature of HOMICIDAL, or as probably such, if was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation ondary or intercurrent) interstitial nephritis, etc. "Cancer" is less definite; avoid use of "Tumor" Association.) Example: Measles (disaffection need not be The contributory (seeimpossible



PLACE OF DEATH	STATE OF MARYLAND
County a a	CERTIFICATE OF DEATH
	Registration Dist. No. 27
a. 1 fx 62 1	/ V
Village or City annopolis (No.63 h	St.: Ward) (If death occurred in a hospital or institu-
E Xac - seal E	tion, give its NAME in-
2 DLL NAME / Names. 6	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
WIDOWED, OR DIVORCED	193/
Mire the word)	(Year) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from
max 3 - , 1/3/	21
(Month) (Day) (Year)	that I last saw h Calive on Cuy (192),
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	The CAUSE OF DEATH - was as follows:
8 OCCUPATION	Sculo Coltin Colitin
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE	Contributory
(State or country) amalones make	Secondary
10 NAME OF	(Duration) yrs mos de.
FATHER Paul J. Soash	(Signed) Navan M. D.
OF FATHER	May 7 199 (Address) Amagina 1/9
Z (State or country) Missouri	State the Disease Causing Death, of In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
E 12 MAIDEN NAME	Acquidental, Suicidal or Homicidal.
a de la companya de l	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) a. a. a. a. a.	of deathyrsmosds. Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Paul . I. Srash	Former or usual residence
(Informant) / Cong	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) annifolit mj.	SK Mary's durly any 9, 19
15 m () 2 6 mm & 2 mm () & 2 mm	20 UNDERTAKER
Fileding 9 1923/ fory 6 C. To all	Boy Hopefing amajores
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Halvo., Reguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an additional line is provided for the latter statement; it cupation is very important, so that the relative health-fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only in the household worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important Example: Measles (disease American Medical Association.) carbolic acid-probably smicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

93

3 SEX

7 AGE

ENTS

0

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

(Address)

MARGIN RESERVED FOR BINDING	
WRITE PLACTY, WITH UNFADING INK-THIS IS A PERMANI THEORD	
Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH
County ann andel
Village or City Heenvolk (No
² FULL NAME

4 COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

(Month)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

5 SINGLE. MARRIED. WIDOWED. OR DIVORCED

(Day)

St.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.			
Ward) (f death	occ	urred	ir

number.)

tion, give its NAME in-stead of street and

- Company of the Comp	
LARS	MEDICAL CERTIFICATE OF DEATH
_	16 DATE OF DEATH Quy 1 5 , 1923/
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased fro
001	
, 193/	192 to
(Year)	that I last saw halive on, 192
If LESS than	and that death occurred on the date stated above, at Ar
I day hre.	
or min.?	THE CAUSE OF DEATH * Was as follows:
O1	Millborn
	Alleborn
	(Duration)yrs,mosd
/	Contributory Secondary
-4	(Duration) / vre. mos.
	Reverde Donce.
10	(Signed)
	(Signed) (Address) Office Maller
	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
475	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
000	ients or Recent Residents)
	At place in the

ients or Recent Residents)	
At place of deathyremosds.	In the Stateyrsmes
Where was disease contracted.	

if not at place of death?...

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

MODRESS.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many -Coal minc, etc. Woin-(b) The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

Saccident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Debility" ("Congenital," (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Committee "Heart failure," "Haemorrhage, Chronic valvular heart discase on Nomenclature of the etc. The contributory

WRITE PLALY, WHI UNFADING INK--THIS IS A PERMANE TROORD

PLACE OF DEATH County ann aundel	09160 STATE OF MARYLAND
	CERTIFICATE OF DEATH Registration Dist. No. 20
Village or City Guerroch (No.	St.: Ward) (If death occurred in a hospital or institute the size its NAME in
2FULL NAME Sold	tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Morth) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) ()	17 I HEREBY CERTIFY, That I attended the deceased from [3] that I last saw har alive on any first page 1923.
7 AGE If LESS I day.s	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	Trematur buth
particular kind of work	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds
particular kind of work (b) General nature of industry business, or establishment in	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Duration) (Signed) (Signed) (Duration) (Signed)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 20 11 BIRTHPLACE OF FATHER (State or country) M (State or country)	Contributory Secondary (Duration) 715 mos ds
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 A A A A A A A A A A A A A A A A A A A	Contributory Secondary (Duration) (Signed) (Signed)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 MAIDEN NAME OF MOTHER (State or Country) 16 MOTHER (State or Country)	(Signed)

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, Loborcr-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Doy For persons who have no occupation Automobile factory. The material -Coal minc, etc. Grocery;

Statement of Cause of Death—Name, first, the Discussion of Cause of Death—Name, first, the Discussion of Cause of University of time and causation), using always the same accepted the term for the same disease. Examples: ("erebrospinal fever" (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"detailus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonocum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid occident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need Chronic interstitial nephritis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by railwoy troin-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic volvular heart disease; nephritis, etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questions Lanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1931

N. B.—Every item of Information should be carefully supplied. ACE should be stated EXACTL CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. 4 UNFADING INK-THIS IS A PERMANE MARGIN RESERVED FOR BINDING WRITE PLA

S. No. 1

1	PLACE OF DEATH County Anne Soundel	09161 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Teemphy No.	St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME in- stead of street and
	2FULL NAME Margaret	Jarrow number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MUDUL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
		192 . to
	(Month) (Day) (Year)	that I last saw h alive on 0 4 5 9 192 192
	7 AGE If LESS than	and that death occurred on the date stated above, atm.
	I dayhrs.	The CAUSE OF DEATH * was as follows:
	yrs,ds. ormin.?	my want region accor
	8 OCCUPATION/ (a) Trade, profession or	of near grown
7	Sparticular kind of work & Orrection	Bovering Carotis arteres
N	(b) General nature of industry business, or establishment in	Balmorhand yis mos de
1	which employed or (employer)	Contributory Kompeide
	9 BIRTHPLACE (State or country)	Secondary
	Anno trunder ounts Marytans	(Durstion) yrsmos,ds
	10 NAME OF FATHER	(Signed) Second Wank, J. Adult & J.
	win agrapion	9 fug/1923/ (Address) icting Caroner
	ST THERE (State or company frunch Co.)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whe here
	12 MAIDEN NAME OF MOTHER A A MA /mas-	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	a Juliona IIIea	ients or Recent Residents)
	OF MOTHER OF SUNLY CO. Maryland	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	I for a se it.	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) My Helegan III	m oubeur 8-/3, 19°
	Filed An 12 198/ C. Woodself	O DINDERTAKER ADDRESS 76 Rog MA
	Registrar	Janua caron
	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; commit Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping (name origin; "Cancer" is less definite; avoid (secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease etc. The contributory

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," hut give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name—earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Age shall all			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is necessingle word or term on

Statement of Cause of Death—Name, first, the DISCEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiscases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. (secondary or intercurrent) affection need as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify all not be disease;

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STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

(If death occurred in a hospital er institution, give its NAME in-stend of street and

DATE OF BURGA

	numbe	r.)
	MEDICAL CERTIFICATE OF DEA	TH
	16 DATE OF DEATH Any work	. 193/
11	I HEREBY CERTIFY, That I attended the	e deceased from
	that Vast saw harrelive on July 3	ئ را الم
n i.	and that death occured on the date stated above, and The CASE OF DEATH * was a follows:	tn
?	Cholesa Infante	· · · · · · · · · · · · · · · · · · ·
. !		
- (Contributory (Duration)yrs	mos d
/	Secondary .	. mosd
R	(Signey Malan Burna)	he
_	*State the Discase Causing Death, or, in Violent Caus.s, state (1) Means of injury and Accidental, Suicidal or Homicidal.	deaths from
-	18 LENGTH OF RESIDENCE (For Hospitals, Ins	titutions, Tran
	At place of deathyrsds. In the Stateyrs	mosd
-	Where was disease contracted, if not at place of death?	
	Former or	

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process and ming etc. Won-laborer, Farm laborer, Laborer—Coal ming, etc. Wonstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The maximal should be used only when needed. As examples: 'a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also b the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g.. Furmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, ('ook; to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," " cal-Physician, household only (not paid Housekurpers who receive a For many occupations a single word or term on Wes). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Crusing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia";

American Medical Association.) use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid telunus) may be stated under the head of "contributory. "PUERPERAL seplicaemia," "PUERPERAL periloniis," de "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital,". "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Hacmorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic walnular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDA., taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., MINIS) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as " "Marasmus, etc. The contributory Measles

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ORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ExTION is very important. See instructions on back of certificate. NAB.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Village or City Length of residence in city or town where death occurred Vis. 5 mos. ds. How logs in U.S. if of foreign birth? J. FULL NAME (a) Residence No. V. Ward (a) Residence No. V. Ward (b) Marganta (c) Residence No. V. Ward (a) Residence No. V. Ward (b) Marganta S. Ward (c) Residence No. V. Ward (d) Residence No. V. Ward (a) Residence No. V. Ward (b) Residence No. V. Ward (c) Residence No. V. Ward (d) Residence No. V. Ward (a) Residence No. V. Ward (b) Residence No. V. Ward (c) Residence No. V. Ward (c) Residence No. V. Ward (d) Residence No. V. Ward (d) Residence No. V. Ward (if death occurred in a hospital or institution, give its NAME instead of street and number) (s) Residence No. Ward (d) Residence No. V. Ward (a) Residence No. New In Journal of the street of the date stated above, et. M. The PROCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. S. Frede, profession, or particuler S. S. S. S. S. S. S. S.	STATE O	F MARYLANI	D—CERTIFICATE OF DEATH	
Village or City	1. PLACE OF DEATH	<u>-151/2</u>	(19163)	
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. (b) FULL NAME. (C) Secondary State Sta	County U		Registration Dist. No. 2	
Length of residence in city or town where death occurred yrs. 5 mos. 2. FULL NAME. (a) Residence: No.	Village or City 77 m	argants		
(a) Residence: No. It was gauth (Updiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED Curric the world) 5a. If merried, widowed, or divorced (or) Wife of 7. AGE Yeers Months Days If LESS than 1 day, hrs. of, min. 8. Trede, profession, or particular Is an Author of work dome, as SPINNER, shift of the shift of work dome, as SPINNER, shift of work dome, as SPINNER, shift of the shift of work dome, as SPINNER, shift of work dome, as SPINNER, shift of the shift of work dome, as SPINNER, shift of the shift of work dome, as SPINNER, shift of the shift of work dome, as SPINNER, shift of the s	Length of residence in city or town where de	ath occurredyrs 5		
(a) Residence: No. II. Mare (Udaph place of abode) PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merrined, widowed, or divorced HUSBAND or DEBRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than 1 day, hrs. of	2 FILL NAME CLASSE	ie Del	is Tucke	
PERSONAL AND STATISTICAL PARTICULAS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) 53. If merried, widowed, or divorced HUSBAND of (ry Wife of or or particular sind of work done, as SPINNER, Andread of work done, as SPINNER, Andread of work done, as SPINNER, Andread of work was done, as SPINNER, And	00.	as queto	St Ward	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If matried, widowed, or divorced HUSBAND of (roy life of crown) 5a. If matried, widowed, or divorced HUSBAND of (roy life of crown) 5a. If matried, widowed, or divorced HUSBAND of (roy life of crown) 5a. If matried, widowed, or divorced HUSBAND of (roy life of crown) 5a. If matried, widowed, or divorced HUSBAND of (roy life of crown) 5b. If LESS than loads and loads and loads are loads and loads are loads a	(a) nesidence. Mo.			
5a. If merried, widowed, or divorced HUSBARD or GOVERNOON OF SITE OF S		CAL PARTICULARS		
(or) WIFE of 19 to 19 8. DATE OF BIRTH (month, day, and year) Full 5 193/ 7. AGE Yeers Months Deys If LESS than 1 day, hrs. or min. 8. Trede, profession, or particuler kind of work data. ms. SY INNER, SAW MILL, SAW MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lask worked at this occupation (month and years) spont in this occupation (month and year) 12. BIRTHPLACE (city or town) A A C. C. Turk (State or country) 13. NAME Olima Junc fees 14. BIRTHPLACE (city or town) A A C. C. Turk (State or country) 15. MAIDEN NAME Cra January 16. BIRTHPLACE (city or town) A A C. C. Turk (Stee or country) 17. INFORMANT Olima Junc fees 18. AGE Yeers Months Deys If LESS than aliva on 199 (deeth is set to have occurred on the date stated ebova, etc. m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of ones 19 to 19 to 19 deeth is set to have occurred on the date stated ebova, etc. m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of ones Other Contributory Causes of Importance: Other Contributory Causes of Importance: What test confirmed diagnosis? Wes there an autopsy? 23. If dath was due to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide? Date of injury 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	4 1		ord) (See 3 193/	
6. DATE OF BIRTH (month, day, and year) 7 1 9 3 1 7. AGE Yeers Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particuler kind of work dona, as SPINNER, saw thind of work was dona, as SPINNER, saw thind thind thind thind thind thind thind the saw the saw thind thi	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			
7. AGE Yeers Months Deys If LESS than I day, hrs. or min. 8. Trede, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SPINNER, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (state or country) 12. BIRTHPLACE (city or town) A A G. Co. Made in the control of	C DATE OF BIRTH (month day and year)	155- 1931		
8. Trede, profession, or particuler kind of work dona, as SPINNER, soluted as SAYYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) G. G. C., rund. (State or country) 13. NAME Clara Jack business of Importence: 14. BIRTHPLACE (city or town) G. G. C., rund. (State or country) 15. MAIDEN NAME Gran Jack business of Importence: 16. BIRTHPLACE (city or town) G. G. C., rund. (State or country) 17. INFORMANT Olim Turcks 18. Trede, profession, or particuler kind of work dona, as SIFNER, soluted for substitution in the solution of the Contributory Causes of Importence: 18. Were as follows: 19. Date of once 19. Industry or business in which work was dona, as SIFNER, soluted for substitution of the Contributory Causes of Importence: 18. Were contributory Causes of Importence: 19. Nema of operation Dete of What test confirmed diagnosis? Westhere an autopsy? 21. If daath was due to external causes (VIOLENCE) fill in elso tha following: 22. Accident, suicide, or homicide? Date of injury 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
8. Trede, profession, or particuler kind of work done, as SPINNER, should be solved by the kind of work done, as SPINNER, should be solved by the kind of work done, as SPINNER, should be solved by the work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year). 12. BIRTHPLACE (city or town) a a a country) 13. NAME Class a graduation (month and years) spent in this occupation. 14. BIRTHPLACE (city or town) a a a a a a graduation (state or country) 15. MAIDEN NAME Crass of months and years of importence: 16. BIRTHPLACE (city or town) a a a a a graduation (state or country) 17. INFORMANT Class of worked at this years of importence: 18. Trede, profession, or particular should be a substance of importence: 19. Informant causes (VIOLENCE) fill in elso that following: Accident, suicide, or homicide? Date of injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	5		THE RICHARD OF BEATT ON COURSE OF IMPORTANCE	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town)			Date of one	
SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and years) spent in this occupation (month and years) 12. BIRTHPLACE (city or town)	9. Industry or business in which	my.	Aus ho- Enterties 30 a	
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town)	work was dona, as SILK MILL, SAW MILL, BANK, etc.	~~ ~ <u>~</u> ~ • ~ • • • • • • • • • • • • • • • •		
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town)	yaar) occupetion			
13. NAME			Other Contributory Causes of Importence:	
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Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	16. BIRTHPLACE (city or town) a.4	. Co. mtd		
17. INFORMANT Olim / wc ky Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	(Stete or country)		(Specify city or town, county and State)	
/	17. INFORMANT Olim / (Address)	gants and.	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Piece 3 Date Date 3 1931. Nature of Injury.	m. 1 70. h	Date Dug 3 ,1	0 3 .	
19. UNDERTAKER Eling Inches 24. Was disease or Injury In eny way releted to occupation of deceesed? [Address] N. Imag gaulo [If so, specify]	19. UNDERTAKER	eky t	24. Was diseasa or Injury In eny way releted to occupation of deceesed?	
20. FILEBURG 3, 193/ frage (.) a grap (Signed) & John W, anderson JP. astroj do word (Address) Colon Was aspelis Med.	0 /	L (. for u gra	(Signed) & John W. anderson JP. astring as work	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the most of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 4 1941	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	. 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

nfor- state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH 09166
	1. PLACE OF DEATH	210)
should	County	Registration Dist. No.
= /c	Village Dr City Amapolina (If	death occurred in a horpital existitution, give it NAME instead of street and number)
	Langth or casidan fin city or town where death occurredyrsmos	ds. How long In U.S. if of freelgo birth? yrs. mos. ds
RD. Every YSICIANS statement	2. FULL NAME	gunel
KD: YSI stat	(a) Reside ce: No. Comp. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Fxact st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE OR DIVORCED (write this word)	21. DATE OF DEATH And, SC (Mark)
ANE)	5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
G N G	11 2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	last saw h alive on 19 death is sai
IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2 miles (The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
HIS IS be starbe pro of cert	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Fractured Shull
KK_T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	HAT By Antomible
H H T O	10. Dato deceased last worked et this occupation (month and year)	Diba Cartella Cartell
So so setie	12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
UNFA supplied a terms, ee instru	13. NAME Thomas Junes	
sul sul in t	13. NAME The state of town 1. A Constitution of the state of country)	Nama of operation Date of Was there an autopsy?
WITH efully in plai	15. MAIDEN NAME Ann. 6. Harris	23. If death was due to external causes (VIOL ENCE) fill in also the following:
LY, car NTH port	16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida? Data of Injury 19 Whare did Injury occur. Draf Carole road, rear Annapolis, a. a. Co.
YPAN	17. INFORMANT Olazabeth Dawyer (Address) // W. Carere	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
E sh	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
-WRITI mation CAUSE TION is	Place Data 1,193/	Nature of injury
-WRIT mation CAUS TION	19. UNDERTAKER	24. Was diseasa or injury in any way ralated to occupation of deceased?
-B	20. FILED AN 1, 1931 Japla C. France	If so, specify (Signed) Session MH H plan Astronomy
71	Registrar.	(Address) Amount More

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample-I		Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	QED 4 100.1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUPEAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of important			
Other contributory causes	or importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Count	Anne Arundel	② C
Villag	ge or City Eastports Md. (No,	1/2
	FULL NAME No name (STILLBIRTH) Joann
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC
-	deks tation White Single MARRIED, Stillbir Wildows OR Divorced (Write the word)	
	TE OF BIRTH	HEREBY
7 AGI	August 9 , 1 19 (Month) (Day) (Year If LESS the 1 day, hr O yrs 100 ds. Or min.	and that death occ
par (b) bus whi) Trade, profession, or titular kind of work	Contributory Secondary
	10 NAME OF FATHER William Claude VARNER	(Signed) A. A.
STA	11 BIRTHPLACE DUNLOP OF FATHER (State or country) Tenn.	State the Dis
PARENTS	of MOTHER Eula Mae Hatfield	CAUSES, state (1) SUICIDAL OF HOMICI 18 LENGTH OF RESID
	13 BIRTHPLACE DUNLOP (State or country) Tenn.	At place of deathyre.
	(Informant) William Claude Vance (Address) East Port Med.	Where was discess contract if not at piece at death? Former or squal residence
16	eling 9 18131 fragae for m	Eastport 20 UNDERTAKER

1 PLACE OF DEATH

STATE OF MARYLAND

Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of sfreet and number.] MEDICAL CERTIFICATE OF DEATH ATE OF DEATH ATE OF DEATH Stillbirth (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from Stillbirth 191 , to , 191 , tt I last saw h alive on , 191 , 1	2	CERTIFICATE O	F DEATH
a hospital or institution, give its RAME instead of sfreet and number.] MEDICAL CERTIFICATE OF DEATH ATE OF DEATH Stillbirth (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from Stillbirth 191, to, 191, 1		Registration Dis	L No. 27
ATE OF DEATH Stillbirth (Month) (Day) (Year) HEREBY CERTIFY, That attended deceased from Stillbirth 191 , to , 191 , t last saw h alive on , 191 , t last saw h alive on , 191 , t CAUSE OF DEATH * was as follows: Stillbirth 6 weeks gestatic (Ourellon) , yrs , mos , ds , Contributory Secondary Secondary	N	St.; Ward)	a hospital or institution, give its NAME instead
(Oursilos) Stillbirth 191, to, 191		MEDICAL CERTIFICATE O	F DEATH
Stillbirth 191, to	ATE OF D	2011TOTLAN	
Stillbirth 6 Weeks gestation (Ourellon) Transcore (Ourellon) Transcore (Address) U.S.N.A.Anna polis, N. (Address, state the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accepteman.	IHE	REBY CERTIFY, That I atte	ended deceased from
Stillbirth 6 Weeks gestation Contributory Secondary MACHIBOLICK, Comdr., (MC), USN M. e. (Address) U.S. N.A. Anna polis, N. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accepted A.	Still	barth , 191, to	, 191
Stillbirth 6 Weeks gestation (Oursilon) Tre. Tree. Secondary Secondary Secondary (MC), USN . M. e. (Address) U.S.N.A.Anna polis, N. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accepteman.	t I last sa	aw h alive on	, 191,
Stillbirth 6 Weeks gestation (Oursilon) yrs. mos. ds. Contributory Secondary Secondary (MC), usn mes. ds. 181 (Address) U.S.N.A.Anna polis, N. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acceptental.	that dea	ath occurred on the date sta	ted above, at m.
Contributory Secondary Secondary Machine Disconder, (MC), USN s.e. (Address) U.S.N.A.Anna polis, N. State the Disconder Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accepted A.	CAUSE	OF DEATH * was as follow	s:
Secondary Secondary MIDDICK, Comdr., (MC), USN . M. e. 181. (Address) U.S. N. A. Anna polis, N. CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means or Injury; and (2) whether Accepteman.		Stillbirth 6	Weeks gestati
HIDDICK, Comdr., (MC), USN . M. e. 181. (Address) U.S. N. A. Anna polis, N. CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means or Injury; and (2) whether Accepteman.		(Ourelion)	yrs mes ds.
State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL.	Contribut Secondary	A Classification)	
State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL.	1		
	State CAUSES, Sta SUICIDAL OF	the DISEASE CAUSING DEATH, or, ate (1) MEANS OF INJURY: and (1)	

18 LENGTH OF RESIDENCE	(FOR HOSPITALS, INST	ITUTIONS, TRANSIENT
OR RECENT RESIDENTS		
At mines	ler the	

..... yro. Where was discose contracted,

If not at piece of deeth?

9 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

8-9-31, 191

Stots, yre.mss. ...

Eastport, Md.

ADDRESS

REGIOTRAR Service of undertaker not required.

16 more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH. write None business, that fact may be indicated thus: Furmer (retired state occupation at beginning of illness. wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Hansakeepers precise specification as Day laborer, Furn laborer, Luborer of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealer." etc. without more mobile factory. mill; (a) Salesman, (b) Gracery; (a) Fareman, only when needed. As examples: (a) Spinner, (b) Callon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pueumonia"); Lohar the content of the con

on statement of cause of death approved by Committee Struck on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent Deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Corna," "Convul
genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10. ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Wheeping "Anaemia" nephritis, etc. cough; Chronic valvular heart disease; Chronic interestitation (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of by railway train-accident; Revolver wound of "Old Age," "Shock," "Uraemia," "Weakness The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intereur-Never report mere acid-probably

If the certificate is looked over thoroughly and all questions-answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

SIAIL OF MARYLAND— 1. PLACE OF DEATH	CERTIFICATE OF DEATH 09168
County $\alpha - \alpha -$	Registration Dist. No.
	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos	
2. FOLL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased fro
(or) WIFE of	any 177 , 193, 10 ang. 15 , 1937
6. DATE OF BIRTH (month, day, end year) Nov. 12, 1930	I last saw have alive on and 17 , 19.37; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
8 4 7 9 5 0 17 00 1 2 9 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera es follows:
8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	maramus.
9. Industry or business in which work was dona, as SILK MILL,	
9. Industry or businoss in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Costro-enteritie one month . aws R.
12. BIRTHPLACE (city or town) Ornold (State or country) $\alpha - \alpha - c_{\nu}$ md	Other Coutributory Causes of importance:
13. NAME Samell Watto 14. BIRTHPLACE (city or town) anold?	
14. BIRTHPLACE (city or town) anold?	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Olverla Fray 16. BIRTHPLACE (city or town) Calvert (State or country) Country Md.	23. If death was due to external causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide?, 19, Where did injury occur?,
17. INFORMANT Sameul Watto	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mit Calvery Cont Date 8. 22, 1931	Manner of Injury
19. UNDERTAKER & H B Parker (Address) 47 Washington 81	24. Was diseasa er injury in any way related to occupation of daceased? If so, specify (Signed) M.
20. FILEBURY 20, 193/ fray 6 c. Registrar.	(Address) Murfooles 22d.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5, 1927	Peritonitis	3 days ago
RUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
and the second s			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
ADDITIONAL STACE FOR FURTHER STATEMENTS BY THISICIAN

PHYSICIANS should state

stated EXACTLY.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

properly classified.

OCCUPA.

Jo

Exact statement

69169

1. PLACE OF DEATH			(83)	00100
County Anne Arundel			Registration Dist. No. 2	1
Village or City Growns vill Length of residence in city or town where d	Le State	Hospita yrs. 7 mos	No. St., feath occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of loreign birth? yrs. m	ward number)
	Watkins			
	imore Co	ounty	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE MATT	RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH August 30th (Month) (Day)	, 193 1 (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Grant Watk:	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Grant Watkins		22. I HEREBY CERTIFY, That I attended January 14th 19 28 to August 301	
6. DATE OF BIRTH (month, day, and year)	6 DATE OF RIPTH (month day and year) \$895		Hast saw h. er. alive on August 30th 19 31	
7. AGE Years Months	Days nown	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at 9:30 Am. M The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, Domestic SAWYER, BODKKEPER, etc.		General paralysis of the	Date of onset	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		insane	?	
0. Dato deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation occupation				
12. BIRTHPLACE (city or town) West Virginia (State or country)			Dthar Contributory Causes of Importanca: Syphilis	?
13. NAME Warner Perry 14. BIRTHPLACE (city or town) Maryland (State or country)				
			Nama of operation Data of What test confirmed diagnosis? Was there an	
Is MAIDEN NAME Jennie Rhubottom		23. II death was due to axternal causes (VIDLENCE) fill in also tha followin		
16. BIRTHPLACE (city or town) West Virginia (State or country)			Accident, sulcide, or homicide? Date of injury	0
17. INFORMANT HOSpital Records (Address) Crownsville Maryland 18. BURIAL, CRETITION, OR REMOVAL Place Laboury County Date Sup A 2., 19 3/		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PL	ate) .ACE.	
		Manner of Injury		
19. UNDERTAKER Address)	William &	rry H	24. Was disaasa or injury in any way related to occupation of deceased? If so, specify (Signed)	23 _{M. D}
20. FILED (1931 7 20)	<i>X</i>	Registrar.	(Address) Crownsville, Marylar 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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-WRITE PLAINEY

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Example I EIVE	O	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Secular variables and secular				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF
Village or City
²FULL N

DEATH Arundel

STATE OF MARYLAND CERTIFICATE OF DEATH

to.	Registration Dist. No.					
Maryland	House `	St.:	Ward)	(If death a hospitel	occurre	d In
Correcti	lon			tion, give stead of number.)	ts NAM	E in-
	*******************	**************				

Village or C		ohn Wolfe Corr	of a hospitel or institution, give lts NAME in
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	4 COLOR OR RACE	5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 29 , 19231 (Month) (Day) (Year)
6 DATE OF E	BIRTH (Month	Laskanoum 1_(Year)	June 17, 19791 to June 26, 193192 that I last saw h 1m alive on August 26, 193192
7 AGE	66 yrs.	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3.0 PM m. The CAUSE OF DEATH * was as follows:
particular l (b) General business, o	profession or kind of work the nature of industry restablishment in loyed or (employer)		Chronic Valuvar Heart Disease ? (Duretion)
O NAME DAUGH 11 BIRTH OF FA (State	Pennsy FOF Bessie FOF Bessie 52 W	lvania B. Wolfe Market St ewark, N.J.	(Signed) (Durstion) yrs mos de (Signed) M. D. S-29-51 192 (Address) Jessip Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
		- ,, 4	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs7mosds. Where was disease contracted,
(Informa	ant) Persuls ddress) Lesse 4291928 /	of MY KNOWLEDGE Med Hoff Med Med Med Market	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ACCOUNTERTAKER ADDRESS ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 4.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons-enployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetpnus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

V. S. No. 1

should state item of infor-

of

STATE OF MARYLAND-CERTIFICATE OF DEATH

09171

1. PLACE OF DEATH			(97)		
County Anne Arundel			Registration Dist. No. 2	1	
Village or City Crown	isville	State Hos	spital st	Ward	
Length of residence in city or town whare	daath occurrad	5 yrs. 11 mos	death occurred in a hospital or institution, give its NAME instead of street and in 25 ds. How long in U.S. If of foreign birth?yrsm	number)	
2. FULL NAME Ge	orgianna	Wright			
(a) Residence: No. Queen	Anne's	County of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	***************************************	
3. SEX 4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE UN KNO	RED, WIDOWED, D (write the word) WY1	21. DATE OF DEATH August 8th	, 193 31	
5e. If married, widowed, or divorced HUSBAND of Unknown			22. I HEREBY CERTIFY, That I attended deceased from Aug. 13 1925 to August 8th 1931		
6. DATE OF BIRTH (month, day, and year)	1867			; daeth is said	
7. AGE Years Months 64 unks	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at5Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trede, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Unkno		Cerebral arteriosclerosis	Date of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.					
10. Date decaasad last worked at this occupation (month and year)	sp3	time (years) nt in this upation	3.		
12. BIRTHPLACE (city or town) Maryland (Stete or country)			Other Contributory Causes of Importance: Senility	?	
ដ្ឋារ. NAME Unknown					
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)			Name of operation Date of		
			What test confirmed diagnosis? Was there and 23. If death was due to external causes (VIOL ENCE) fill in also the following		
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city er town) Unknown (Stete or country)			Accidant, sulcide, or homicide?		
17. INFORMANT Hospitral Re (Address) Crowns	cords	Marvland	(Specify city or town, county and State Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.	
18. BURIAL GREMATION, OR REMOVAL Date 5/1/			Mannar of Injury		
19. UNDERTAKEN J. P. Wesseles (Address)	ode 6	uph	24. Was disease or injury in any way related to occupation of decaased?	0	
20. FILED \$ 16 S	900	O VORegistrar.	(Signe) Crownsville Manyle	MO BO	

If more blanks are needed, addires State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	